SAFEGUARDING
HEALTH AND
WELL-BEING

MEDICAL ADVISORY COMMITTEE
RECOMMENDATIONS
A Resource Guide for YMCAs
YMCA OF THE USA
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Index</td>
<td>vi</td>
</tr>
<tr>
<td>Introduction to the YMCA of the USA Medical Advisory</td>
<td>ix</td>
</tr>
<tr>
<td>Committee Recommendations</td>
<td></td>
</tr>
<tr>
<td>Use of Anabolic Steroids and Anabolic Precursors for</td>
<td>1</td>
</tr>
<tr>
<td>Nonmedical Purposes</td>
<td></td>
</tr>
<tr>
<td>Aquatic Program Guidelines for Children Under the</td>
<td>2</td>
</tr>
<tr>
<td>Age of Three</td>
<td></td>
</tr>
<tr>
<td>Health and Safety Issues in YMCA Arts Programs and Activities</td>
<td>6</td>
</tr>
<tr>
<td>Exercise and Asthma</td>
<td>11</td>
</tr>
<tr>
<td>Automated External Defibrillators in YMCAs</td>
<td>13</td>
</tr>
<tr>
<td>Reaffirmed</td>
<td></td>
</tr>
<tr>
<td>Bioelectrical Impedance Analysis by YMCAs</td>
<td>16</td>
</tr>
<tr>
<td>Use of Body Mass Index (BMI) Measurements of Children and Youth</td>
<td>18</td>
</tr>
<tr>
<td>Boxing Involving Children and Adolescents</td>
<td>21</td>
</tr>
<tr>
<td>Breath-Hold Underwater Diving</td>
<td>22</td>
</tr>
<tr>
<td>Cardiac Rehabilitation Programs in YMCAs</td>
<td>23</td>
</tr>
<tr>
<td>Child Abuse Identification and Prevention Guidelines for YMCAs</td>
<td>25</td>
</tr>
<tr>
<td>Children in Adult Locker Rooms</td>
<td>28</td>
</tr>
<tr>
<td>Participation by Children in Organized Youth Sports Programs</td>
<td>30</td>
</tr>
<tr>
<td>Reaffirmed</td>
<td></td>
</tr>
<tr>
<td>Cholesterol and Diabetes Screening for Adults</td>
<td>32</td>
</tr>
</tbody>
</table>

Copyright © 2012 YMCA of the USA.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR, AED, First Aid, and Emergency Oxygen Administration Training</td>
<td>35</td>
<td>Reaffirmed</td>
</tr>
<tr>
<td>Cytomegalovirus in YMCA Child Care Centers</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Deer Tick &amp; Lyme Disease Awareness and Education</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Physical Activity and Type 2 Diabetes</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Dietary Guidelines for All Americans</td>
<td>46</td>
<td>Updated</td>
</tr>
<tr>
<td>Springboard Diving Guidelines for YMCAs</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Prevention and Control of Fecal Contamination in Swimming Pools</td>
<td>58</td>
<td>Revised</td>
</tr>
<tr>
<td>Exercise and Fluid Replacement</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Food Safety and Sanitation</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Prevention of Head, Mouth, and Eye Injuries in Sports</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Heading in YMCA Youth Soccer Programs</td>
<td>71</td>
<td>Updated</td>
</tr>
<tr>
<td>Preactivity Health Screening in YMCAs</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Health/Fitness Facility Standards</td>
<td>75</td>
<td>Updated</td>
</tr>
<tr>
<td>The President’s Healthier US Initiative</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>81</td>
<td>Updated</td>
</tr>
<tr>
<td>Prevention and Control of High Blood Pressure for Adults in YMCAs</td>
<td>83</td>
<td>Reaffirmed</td>
</tr>
<tr>
<td>HIV/AIDS: Operating Guidelines for YMCAs</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS: Participation of Preschool Children (ages 0-5) With HIV/AIDS in YMCA Child Care</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>
Safety Guidelines for the Use of Skateboards, In-Line Skates, Roller Skates, and Scooters .........................137

Smoking and Use of Tobacco Products in YMCAs.........................139

Exposure to Sunlight in YMCA Programs for Children and Adults ........................................................................141

Use of Emergency Oxygen in YMCAs ........................................143

Use of Suntanning Units by YMCAs.............................................145

Use of Trampolines in YMCAs ..................................................147

Vitamin and Mineral Supplementation ......................................149

Guidelines for Adult Weight-Loss Programs ..............................150

Youth Strength Training............................................................152
# SUBJECT INDEX

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aquatics</strong></td>
<td></td>
</tr>
<tr>
<td>Aquatic Program Guidelines for Children Under the Age of Three</td>
<td>2</td>
</tr>
<tr>
<td>Breath-Hold Underwater Diving</td>
<td>22</td>
</tr>
<tr>
<td>Springboard Diving Guidelines for YMCA</td>
<td>52</td>
</tr>
<tr>
<td>Fecal Contamination in Swimming Pools, Prevention and Control of</td>
<td>58</td>
</tr>
<tr>
<td>Scuba Programs at YMCA, Age Guidelines for Participation in</td>
<td>135</td>
</tr>
<tr>
<td><strong>Exercise and Fitness</strong></td>
<td></td>
</tr>
<tr>
<td>Asthma, Exercise and</td>
<td>11</td>
</tr>
<tr>
<td>Bioelectrical Impedance Analysis by YMCA</td>
<td>16</td>
</tr>
<tr>
<td>Cardiac Rehabilitation Programs in YMCA</td>
<td>23</td>
</tr>
<tr>
<td>Diabetes, Physical Activity and Type 2</td>
<td>43</td>
</tr>
<tr>
<td>Fluid Replacement, Exercise and</td>
<td>64</td>
</tr>
<tr>
<td>Preactivity Health Screening in YMCA</td>
<td>73</td>
</tr>
<tr>
<td>High Blood Pressure for Adults in YMCA, Prevention and Control of</td>
<td>83</td>
</tr>
<tr>
<td>Passive Exercise Equipment by YMCA, Use of</td>
<td>116</td>
</tr>
<tr>
<td>Personal Trainers in YMCA</td>
<td>118</td>
</tr>
<tr>
<td>Physical Activity Guidelines for Adults and Youth</td>
<td>120</td>
</tr>
<tr>
<td>Physical Activity Guidelines for Children (Birth to Five Years)</td>
<td>124</td>
</tr>
<tr>
<td>Prenatal and Postpartum Exercise</td>
<td>129</td>
</tr>
<tr>
<td><strong>Facility and Member Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Automated External Defibrillators in YMCA, Use of</td>
<td>13</td>
</tr>
<tr>
<td>Children in Adult Locker Rooms</td>
<td>28</td>
</tr>
<tr>
<td>CPR, AED, First Aid, and Emergency Oxygen Administration Training</td>
<td>35</td>
</tr>
<tr>
<td>Emergency Oxygen in YMCA, Use of</td>
<td>143</td>
</tr>
<tr>
<td>Health/Fitness Facility Standards</td>
<td>75</td>
</tr>
<tr>
<td>High Blood Pressure for Adults in YMCA, Prevention and Control of</td>
<td>83</td>
</tr>
<tr>
<td>Infant and Toddler Sleeping Guidelines for YMCA Child Care Programs</td>
<td>92</td>
</tr>
<tr>
<td>Massage Therapy in YMCA</td>
<td>96</td>
</tr>
<tr>
<td>Medical Advisory Committees in Local YMCA</td>
<td>98</td>
</tr>
<tr>
<td>Noise and Music Levels in YMCA and YMCA Programs</td>
<td>105</td>
</tr>
<tr>
<td>Saunas, Steam Rooms, and Whirlpool/Hot Tubs in YMCA, Use of</td>
<td>105</td>
</tr>
<tr>
<td>Smoking and Use of Tobacco Products in YMCA</td>
<td>131</td>
</tr>
<tr>
<td>Suntanning Units by YMCA, Use of</td>
<td>139</td>
</tr>
<tr>
<td>Trampolines in YMCA, Use of</td>
<td>145</td>
</tr>
<tr>
<td><strong>General Health and Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Arts Programs and Activities, Health and Safety Issues in YMCA</td>
<td>6</td>
</tr>
<tr>
<td>Asthma, Exercise and</td>
<td>11</td>
</tr>
</tbody>
</table>

MEDICAL ADVISORY COMMITTEE RECOMMENDATIONS | page vi
<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Health and Safety (continued)</strong></td>
<td></td>
</tr>
<tr>
<td>Cholesterol and Diabetes Screening for Adults</td>
<td>32</td>
</tr>
<tr>
<td>Diabetes, Physical Activity and Type 2</td>
<td>43</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>55</td>
</tr>
<tr>
<td>Healthier US Initiative, The President’s</td>
<td>79</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>81</td>
</tr>
<tr>
<td>High Blood Pressure for Adults in YMCAs, Prevention and Control of</td>
<td>83</td>
</tr>
<tr>
<td>Overweight and Obesity, Preventing and Decreasing</td>
<td>109</td>
</tr>
<tr>
<td>Sunlight in YMCA Programs for Children and Adults, Exposure to</td>
<td>141</td>
</tr>
<tr>
<td>Weight-Loss Programs, Guidelines for Adult</td>
<td>150</td>
</tr>
<tr>
<td><strong>Infectious Diseases</strong></td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus in YMCA Child Care Centers</td>
<td>38</td>
</tr>
<tr>
<td>Deer Tick and Lyme Disease Awareness and Education</td>
<td>40</td>
</tr>
<tr>
<td>HIV/AIDS: Operating Guidelines for YMCAs</td>
<td>86</td>
</tr>
<tr>
<td>HIV/AIDS: Participation of Preschool Children with HIV/AIDS in YMCA Child Care</td>
<td>90</td>
</tr>
<tr>
<td>Methicillin-Resistant Staphylococcal Aureas (MRSA) Skin Infections</td>
<td>102</td>
</tr>
<tr>
<td>Pandemic Preparedness</td>
<td>112</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
</tr>
<tr>
<td>Anabolic Steroids and Anabolic Precursors for Nonmedical Purposes, Use of</td>
<td>1</td>
</tr>
<tr>
<td>Dietary Guidelines for All Americans</td>
<td>46</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>55</td>
</tr>
<tr>
<td>Food Safety and Sanitation</td>
<td>66</td>
</tr>
<tr>
<td>Nutrition for Youth in YMCA Programs, Promoting Healthy</td>
<td>107</td>
</tr>
<tr>
<td>Overweight and Obesity, Preventing and Decreasing</td>
<td>109</td>
</tr>
<tr>
<td>“Performance Enhancing” Substances, Use of Alleged</td>
<td>117</td>
</tr>
<tr>
<td>Vitamin and Mineral Supplementation</td>
<td>149</td>
</tr>
<tr>
<td>Weight-Loss Programs, Guidelines for Adult</td>
<td>150</td>
</tr>
<tr>
<td><strong>Sports</strong></td>
<td></td>
</tr>
<tr>
<td>Boxing Involving Children and Adolescents</td>
<td>21</td>
</tr>
<tr>
<td>Children in Organized Youth Sports Programs, Participation by</td>
<td>30</td>
</tr>
<tr>
<td>Head, Mouth, and Eye Injuries in Sports, Prevention of</td>
<td>69</td>
</tr>
<tr>
<td>Heading in YMCA Youth Soccer Programs</td>
<td>71</td>
</tr>
<tr>
<td>Martial Arts Programs Offered by YMCAs</td>
<td>94</td>
</tr>
<tr>
<td>Preparticipation Screening for YMCA Youth Sports Programs</td>
<td>130</td>
</tr>
<tr>
<td>Skateboards, In-Line Skates, Roller Skates, and Scooters, Safety Guidelines for</td>
<td>137</td>
</tr>
<tr>
<td><strong>Youth Health and Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Body Mass Index (BMI) Measurements of Youth, Use of</td>
<td>18</td>
</tr>
<tr>
<td>Boxing Involving Children and Adolescents</td>
<td>21</td>
</tr>
<tr>
<td>Child Abuse Identification and Prevention Guidelines for YMCAs</td>
<td>25</td>
</tr>
<tr>
<td>Children in Adult Locker Rooms</td>
<td>28</td>
</tr>
<tr>
<td>Children in Organized Youth Sports Programs, Participation by</td>
<td>30</td>
</tr>
<tr>
<td>Cytomegalovirus in YMCA Child Care Centers</td>
<td>38</td>
</tr>
<tr>
<td>SUBJECT</td>
<td>PAGE</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Youth Health and Safety (continued)</td>
<td></td>
</tr>
<tr>
<td>Infant and Toddler Sleeping Guidelines for YMCA Child Care Program</td>
<td>92</td>
</tr>
<tr>
<td>Nutrition for Youth in YMCA Programs, Promoting Healthy</td>
<td>107</td>
</tr>
<tr>
<td>Overweight and Obesity, Preventing and Decreasing</td>
<td>109</td>
</tr>
<tr>
<td>Physical Activity Guidelines for Children (Birth to Five Years)</td>
<td>124</td>
</tr>
<tr>
<td>Physical Activity Among Young People, Promoting</td>
<td>127</td>
</tr>
<tr>
<td>Preparticipation Screening for YMCA Youth Sports Programs</td>
<td>130</td>
</tr>
<tr>
<td>Sunlight in YMCA Programs for Children and Adults, Exposure to</td>
<td>141</td>
</tr>
<tr>
<td>Youth Strength Training</td>
<td>152</td>
</tr>
</tbody>
</table>
INTRODUCTION TO THE YMCA OF THE USA MEDICAL ADVISORY COMMITTEE RECOMMENDATIONS

The Y makes strengthening our communities our cause. Twenty-one million people of all ages and walks of life who turn to one of our more than 2,600 Ys each year know we’re here for them, because we’ve been here for them the last 160 years. That’s why we’re one of the largest community service organizations in the U.S. Essential to our commitment to community is safeguarding the health and well-being of our members and participants.

YMCAs are continually faced with a number of medically related issues and challenges that affect their programs, operations, and services. To provide leadership to local associations in this regard, the YMCA of the USA Medical Advisory Committee (MAC) meets twice a year to issue recommendations that can assist YMCAs in determining appropriate courses of action. YMCAs look to this committee for assurance that recommendations are medically sound, and Ys have found the Committee’s recommendations to be essential when confronted with health and medical matters critical to YMCA operations, including

- safety and screening procedures;
- facility safety;
- use of sauna and whirlpools; and
- the use of AEDs.

This guide contains a complete set of the current recommendations developed by the Y-USA Medical Advisory Committee. YMCA executive directors are encouraged to review these recommendations with their staff and local medical advisory committees, determine if they need to be adapted for their community, and then implement the recommendations as approved by their own board of directors.

You will notice that at the end of each recommendation is a list of dates on which that recommendation was addressed by the Committee. For clarification purposes, “Updated” means websites or statistics have been updated since the last time the MAC looked at the recommendation, but no changes were made to the content of the actual text; “Revised” means changes were indeed made to the text itself; and “Reaffirmed” means the Committee reviewed the current recommendation and found no changes were needed.

YMCA of the USA gratefully acknowledges the expert members of the Medical Advisory Committee: Harvey H. Allen, Jr, MD, Winston-Salem, N.C.; Bill Hettler, MD, Stevens Point, Wis.; Cynthia R. LaBella, MD, Institute for Sports Medicine, Children’s Memorial Hospital, Chicago; and Kyle McInnis, ScD, Department of Exercise and Health Sciences, University of Massachusetts, Boston.
USE OF ANABOLIC STEROIDS AND ANABOLIC PRECURSORS FOR NONMEDICAL PURPOSES

Statement of the YMCA of the USA Medical Advisory Committee

The use of anabolic steroids and anabolic precursors for nonmedical purposes, including athletic enhancement, is dangerous and should be prohibited by YMCAs in programs and facilities. The Medical Advisory Committee of YMCA of the USA supports the position of both the International and U.S. Olympic Committees, which prohibit the use of anabolic steroids and anabolic precursors by athletes. In the fight against doping in sports, the U.S. Olympic Committee has adopted the World Anti-Doping Agency’s Code. YMCAs are encouraged to inform youth and adult members of the adverse health consequences resulting from the use of steroids.

For related information, see the following Medical Advisory Committee Recommendations:

“Use of Alleged ‘Performance-Enhancing’ Supplements”
“Vitamin and Mineral Supplementation”

June 1989
Reaffirmed April 1996
Revised October 2000
Revised November 2004
Updated June 2009
AQUATIC PROGRAM GUIDELINES FOR CHILDREN UNDER THE AGE OF THREE

Statement of the YMCA of the USA Medical Advisory Committee

YMCA of the USA developed the following guidelines to provide the safest and highest quality early water experiences for children under three years of age and their parents. In brief, the objectives of the YMCA Swim Lessons: Parent/Child aquatic program are to promote water enjoyment and exercise for parents and their young children while also providing water and boating safety information as part of a larger parent and family YMCA education. Programs that follow these minimum guidelines are more likely to provide developmentally appropriate and safe classes for both child and parent.

- Aquatic programs for children 6–36 months of age require the in-water participation of a parent, guardian, or other adult who is trusted by and legally responsible for the child.
  - The parent or guardian is the first and best teacher of the child. The under-three program is directed to this parent or adult. The instructor provides guidance to the adult, who must accompany and supervise the child in the locker room, pool, and any other areas related to the aquatic program. Parents are responsible for their children and need to be educated on water safety and the importance of constant supervision of their child in or around all types of water environments.
  - An important objective of this program is to help strengthen and support families. The program offers an opportunity for the parent to spend uninterrupted time and to experience closeness with his or her child. The program provides opportunities for parents to socialize, share their experiences, make new friends, and learn from other parents.

- Participants enrolled in the YMCA Swim Lessons: Parent/Child aquatic program should be a minimum of 6 months old and have sufficient head control in a prone position to keep their faces out of the water.
  - Infant motor development is marked by individual differences in the age of onset of developmental benchmarks. The ability to maintain head righting is a key marker indicating an infant’s readiness for safe participation in an aquatic program. When infants can right their heads, they are less likely to accidentally submerge their faces while being held in a prone position by their parents.

- The participating parent or guardian assumes responsibility for the child’s health before, during, and after participation in the aquatic program.
It is recommended that parents discuss with the child’s physician the possible benefits as well as any concerns there may be about participation in the YMCA Swim Lessons: Parent/Child program.

- Terms such as aquatic or water adjustment, familiarization, fun, readiness, and/or orientation are appropriate and accurate to describe the YMCA Swim Lessons: Parent/Child program philosophy. Terms such as drown-proofing, waterproofing, water-safe, or even swimming are inappropriate and misleading to describe the intent, philosophy, and content of the program.
- Aquatic programs for children in this age range should employ developmentally appropriate practices that focus on adjustment to a water environment, exploration, child-centered learning, and enjoyment by both parent and child. Parent education should include information such as the proper use of flotation devices, and appropriate progressions and water games. It must be emphasized to parents that aquatic programs do not prevent drowning.
- Parents must learn to implement strategies for preventing a child’s unsupervised access to water. In addition to constant supervision, homes with backyard pools or spas should have multiple passive barriers installed. These include four-sided fences, self-locking and latching gates, lockable spa covers, and door latches out of the reach of a toddler. Parents should also be aware that toilets, buckets, and bathtubs present a risk for drowning, and similar strategies for preventing unsupervised child access should be implemented.

- Dropping, pushing, or tossing a child into the water is strictly prohibited. Submersions coerced or controlled by an adult should not occur. Voluntary face submersions and swallowing water by children under 24 months must be limited and carefully monitored by parents and instructors.
- Dropping, pushing, or tossing a child in the water is dangerous and abusive to children and serves no educational purpose. As a child-centered program, the YMCA Swim Lessons: Parent/Child program also does not support or condone submersions coerced or controlled mainly by an adult. Instead, children in this age range should be encouraged to mimic others and explore the water as they learn to control their breath in the water.

- In-water class time for children in this age range should be limited to a maximum of 30 minutes per session, but adapted individually for differences in water/air temperatures, skill level, experience, and enjoyment.
- Sessions should not exceed the maximum in-water time of 30 minutes. Class time may vary based on the child’s experience, enjoyment, skill level, and/or the water/air temperature. It is preferable to end a water session early rather than late, when a child may become chilled, tired, or irritable.
- Children 6–12 months old may do better in shorter sessions of approximately 15 minutes. Babies tend to chill easily, and other factors, such as body composition, also influence the length of time any child may comfortably remain in the water.
- Another area of concern is a rare condition called hyponatremia (low blood sodium), which can occur when a child ingests water to a point where the body’s electrolytes are diluted and the kidneys fail to filter out the excessive water effectively. Ingested pool water plus the additional liquids from feedings before and after class may contribute to this condition. Numerous submersions, small body size, and/or long
class sessions may increase the likelihood of hyponatremia. Symptoms may include lethargy, restlessness, nausea, vomiting, and/or convulsions. Hyponatremia is one of the reasons why it is important to monitor an infant’s ingestion of water during the class, as well as limit in-water sessions to a maximum of 30 minutes.

- YMCA Swim Lessons: Parent/Child programs should be conducted by a currently certified YMCA Swim Lessons Instructor as well as supervised by a currently certified YMCA Lifeguard.
  - The YMCA Swim Lessons: Parent/Child program is developed based on the overall YMCA philosophy plus the principles of child and motor development as they relate to swimming and water safety. YMCA Swim Lessons Instructors receive developmental training plus teaching methods for parents in this program. The course also includes information about dispelling myths and providing realistic expectations of what the program can accomplish. The emphasis on a properly trained instructor and a class conducted in a pool supervised by a lifeguard helps ensure the quality of the program and the safety of participants.

- Appropriate swimming apparel should be worn to prevent contamination of pool water and to avoid the spread of disease.
  - The contaminants (e.g., bacteria, viruses, parasites) that are found in fecal matter can be hazardous to participants. Infants must be clothed in appropriate attire to confine such matter. Plastic pants or other swimming suits that are lightweight and have snug, elastic-fitting leg and waist bands are best. Parents should monitor their child and be instructed to remove the child from the water should clothing become soiled. A child who is experiencing diarrhea should not participate in the program for two weeks until the condition has been resolved.

- Pool indoor water temperature should be in the range of 82–86 degrees F (27.5–30 degrees C). Air temperature should range 3–5 degrees F (1.5–2.7 degrees C) higher than the water temperature.
  - Young children do not adjust to temperature extremes as effectively as older children and adults. Parents and instructors must monitor children for any signs of exposure to cold, (e.g., shivering, bluish lips or skin), heat or sun (e.g., flushed, reddish skin), or behavioral changes (e.g., persistent crying or listlessness). The child should be removed from the water and/or sun if any of these warning signs or symptoms appears.
  - In the case of outdoor pools, water and air temperature are more difficult to control. Again, it is the parents and instructors who need to monitor the child’s comfort and safety.

- All state and local government laws and regulations applicable to the program facility, including those pertaining to water quality and sanitation, must be carefully followed.
  - Any aquatic program (or self-proclaimed drowning-prevention program) that does not meet the YMCA Aquatic Program Guidelines for Children Under Three and the YMCA Child Abuse Prevention Guidelines should not be offered at YMCAs. Programs not following YMCA Aquatic Program Guidelines for Children Under Three and the YMCA Swim Lesson Program could jeopardize the mental and/or physical well-being of the child.
  - In areas used by young children, sanitary conditions are of the utmost importance. Your YMCA bears the responsibility of keeping the surroundings as clean and comfortable as possible. This includes adhering to all state and local government
laws and regulations applicable to facilities, water quality requirements, and the guidelines found in the course and text, YMCA Pool Operator on Location. Locker room areas must be kept clean and disinfected. Proper facilities include: places for diapering, for proper disposal of diapers and human wastes, and for dressing.

Additional information is available at [www.cdc.gov/healthyswimming](http://www.cdc.gov/healthyswimming).

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HEALTH AND SAFETY ISSUES IN YMCA ARTS PROGRAMS AND ACTIVITIES

Statement of the YMCA of the USA Medical Advisory Committee

Arts and humanities programs, activities, and facilities are growing in popularity at YMCAs across the country. Arts activities are also quite common in other YMCA activities with people of all ages. As more participants of all ages engage in visual, performing, and literary arts activities, awareness of health risks will contribute to the safety of all staff and participants.

While some arts activities have taken place in YMCAs for years, there is increasing recognition of health risks such as exposure to toxic materials, hazardous physical conditions, repetitive motion disorders, and other injuries. These risks can be broadly categorized as issues of inhalation, ingestion, skin absorption, or work practices. The risks involve not only the materials used and the performance of the activities, but also the design of the facilities where these activities take place.

The YMCA of the USA Medical Advisory Committee recommends that YMCAs thoroughly review all of the potential health risks related to arts programs and activities conducted at their facilities and ensure that adequate safety procedures are used to minimize risk to staff and participants, particularly young children, who are often more susceptible to these risks. Following are examples basic safety tips and precautions, key specific risks found in both visual and performing arts programs, and guidelines for storing and disposing art materials.

BASIC SAFETY TIPS AND GENERAL PRECAUTIONS

- Always choose water-based or latex paints.
- Choose products that do not create dust or mist. (Keep dust to a minimum by damp mopping rather than sweeping.)
- Do not use electric or gas-fired space heaters.
- Practice good hygiene; never eat, drink, or smoke in art spaces.
- Keep eating and working spaces separate.
- Wash hands thoroughly after work and before and after eating.
- Wear special work clothes and leave them in the art space; wash them frequently.
- Do not use toluene, turpentine, kerosene, or other solvents to remove paint, inks, or stains; use soap and water, baby oil, or waterless cleaner.
Never hold brushes or art tools in the mouth.
Keep art spaces clean and organized.
Cap, clearly mark, and safely store all art materials.
Have available gloves, wash-up facilities, first-aid kit, and emergency phone numbers.
Use exhaust fans (rather than blowing fans) to keep chemicals from reentering space.
Make all art spaces safe by ensuring effective air ventilation.
Have fire protection alarms, carbon monoxide alarms, and fire extinguishers nearby.
Have child-proofed or locked storage areas.
Clean up spills immediately.
Make staff aware that some chemicals have the potential to be abused as intoxicants.

SAFETY HAZARDS

Visual arts (drawing, painting, photography, pottery, glass)
Safety hazards are perhaps most particular to the visual arts, since toxic chemicals can be found in many of the materials used in these programs, including paints, inks, thinners, paint removers, and photography chemicals. There are also toxic metals such as lead in pigments, pottery glazes, and copper enamels as well as dusts such as silica and asbestos in clays, charcoal, talc, glazes, dyes, acids, and other similar products. Limit exposure to toxic materials as much as possible. When these materials are used, care should be taken to ensure products are used in accordance with label directions and that all cautions are observed. Some of the basic risks associated with the visual arts include the following:

- Headaches from working in rooms with poor ventilation
- Ingestion, inhalation, and skin irritation (especially in children under age 12) from toxic elements in most acrylic paints, dry clay, silk screen inks, turpentine, some chalks that are too dusty, most dyes, drawing inks, glues, paint thinner, powdered materials, pottery glazes, spray paints, and photochemicals
- Burns and eye damage from ultraviolet and infrared radiation from welding and use of kilns
- Thermal burns from hot pottery or kiln
- Hearing loss from overexposure to noisy machinery
- Damage to the fingers (called “white fingers”) from vibrating tools
- Musculoskeletal damage from working with poorly designed tools and/or improper use of tools
- Falls from ladders or scaffolding

Storage of art materials

- Clearly mark bottles, boxes, and all storage containers.
- Use marked, unbreakable containers when possible.
- Do not use food product containers.
- Keep a current inventory of all materials, their locations, and dates of purchase.
- Ventilate storage areas.
- Do not store hazardous chemicals on the floor.
- Know local regulations.
Disposal of art materials

- If an art material has been transferred to an unlabeled container and its identity is unknown, dispose of it.
- Store rags in metal fire-proof containers.
- Hang oily rags in a well-ventilated area (preferably outside).
- Neutralize aqueous liquids with baking soda or citric acid before pouring down the drain.
- Do not pour organic solvents such as turpentine down the drain because they kill bacteria that break down other waste products.
- Make sure aerosol cans are empty before placing in recycle bin.

Ensure that all staff and volunteers working in these programs have been trained in how to safely handle safety-related issues and situations. Urge all staff and participants to comply with the following basic safety precautions:

- Wear appropriate protective clothing and gear such as latex-free protective gloves, safety goggles, heat-resistant aprons and oven mitts, and appropriate respiratory masks rather than simple dust masks.
- Have proper ventilation in facilities.
- Wash hands thoroughly after using potentially hazardous products.
- Handle equipment correctly.

Note: Exposure to hazardous dusts and fumes will be minimized if the instructor premixes dry materials with water and fires ceramic products when students are away from the kiln area.

Performing arts

Theater

- Safety hazards in theater programs include the following:
- Skin irritation and allergies from theatrical makeup (especially for those with allergies)
- Respiratory irritation from theatrical fog and smoke
- Electrical hazards from stage lighting
- Accidents involving stage rigging, ropes, and risers
- Fire accidents from electrical lighting
- Contact with toxic chemicals contained in materials used for props and scenery (similar hazards as those mentioned above under Visual arts)

Dance

Safety hazards in dance programs include a range of musculoskeletal injuries to the ankles, legs, back, and shoulder muscles due to overuse and repetitive motions, improper landings, falls, and other traumatic events. Many of these health risks are the result of either improper training methods, especially when preparing for a performance, or from training on hard floor surfaces that have little or no capacity for absorbing stress. Other facility factors for dance program safety include having adequate space allocated for the participants as well as proper air ventilation of facilities used as dance studios.
Music

Safety hazards primarily involve damage to an individual’s hearing as a result of the typically higher decibel levels to which musicians are exposed. Noise of 85 decibels and higher, even in a single exposure, can cause permanent hearing loss. Additionally, facility factors such as poor sound systems, equipment, and acoustics can contribute to hearing damage. Where it is not feasible to reduce noise levels, ear protective devices are recommended. Other related safety hazards include

- vocal cord stress from overuse and misuse; and
- inflammation and irritation of muscles and tendons from overuse and improper training.

TRAINING AND SAFETY

YMCA of the USA recommends all staff and volunteers working in these programs be trained to handle safety-related issues and that all staff and participants follow basic safety precautions such as wearing proper dance shoes and clothes, using hearing protection devices, and having proper ventilation in facilities.

Consider the effects of these and other health risks with groups of people who may be at higher risk for injury, including the following:

- Pregnant women
- Children under age 12, especially those under age 6
- People with special needs
- People with back or other musculoskeletal problems
- People with respiratory problems such as asthma
- Older adults

It is recommended that YMCAs discuss these health and safety issues and review procedures with staff and their medical advisory and risk management committees. YMCA of the USA has risk management information and best practices available at vexchange.org (select Operations, and then Risk Management). It is also important to check with state and local health departments, as well as the federal Occupational Safety and Health Administration (OSHA), to determine if any specific procedures are required. For example, OSHA requires that a Material Safety Data Sheet (MSDS) be kept on file for every chemical used in any capacity and that there is an annual training on chemical handling. YMCAs can have their new and current facilities checked to see how they comply with OSHA requirements by contacting the Arts, Crafts, and Theater Safety organization (A.C.T.S.). For more detailed information on this topic, an online health and safety in the arts library is available on the University of Illinois website (www.uic.edu/sph/glakes/harts/HARTS_library/index.htm).

For related information, see the Medical Advisory Committee Recommendation, “Noise and Music Levels in YMCAs and YMCA Programs.”

For more information on arts programs in YMCAs and facility design for arts programs, visit Exchange (vexchange.org) or call YMCA of the USA at 800-872-9622.
RESOURCES
Arts, Crafts, & Theater Safety (A.C.T.S.), www.artscraftstheatersafety.org, or e-mail ACTSNYC@cs.com.


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EXERCISE AND ASThma

Statement of the YMCA of the USA Medical Advisory Committee

Approximately 18 million Americans have asthma and suffer recurrent attacks of breathlessness. The incidence of asthma is greatest in the first decade of life, but the first episode may occur at any age. Asthma occurs among members of all races. It is more common in boys than girls and in older women compared to older men.

The severity of an asthma attack can vary greatly, from slight breathlessness to respiratory failure. Common symptoms include wheezing, a dry cough, and tightness in the chest. Attacks may be brought on by an allergic response, a respiratory infection, tobacco smoke, air pollutants, anxiety, cold weather, exercise, or stress.

Many people with asthma, including elite professional athletes, participate in strenuous exercise. While exercise can be performed safely by most people with asthma, many children and adults experience respiratory symptoms during exercise or exertion. This condition is known as exercise-induced asthma (EIA). EIA symptoms include wheezing, chest tightness, coughing, shortness of breath, increased production of mucus, and chest pain. Even brief periods of exercise, especially when performed in cold or dry environments or places with poor air quality, can evoke breathing difficulties in people with EIA. During strenuous activity, people tend to breathe through their mouths, allowing cold, dry air to reach the lower airways without passing through the warming, humidifying effect of the nose. People with EIA typically experience trouble breathing within the first 5–20 minutes of exertion, and some have problems after they stop exercising. Moreover, a second bout of exercise at a lower level of effort can provoke an adverse response, potentially worse than the original response.

Despite the fact that an asthma attack may be brought on by vigorous activity, exercise can be performed safely and should be considered to be an integral part of promoting a healthy lifestyle in youth and adults with asthma. Thus, the YMCA of the USA Medical Advisory Committee recommends that all individuals with asthma be encouraged to participate in physical activity programs. Before initiating any exercise program, these individuals should first undergo evaluation and receive appropriate guidance from a qualified health care provider. A physician or other health care provider may prescribe medications for controlling the symptoms of asthma, with specific instructions on when to take medications before, during, or after exercising.

As part of the Y's commitment to promoting healthy living, YMCA staff and volunteers should help educate individuals with asthma about the benefits of a physically active
lifestyle. Staff are also encouraged to inform parents and caregivers about the importance of having medications such as inhalers readily available during activity. Encourage them to be prepared to administer medications to children when needed.

For more information on exercise-induced asthma, visit the website of the American Academy of Allergy, Asthma, and Immunology at www.aaaai.org.

OTHER SOURCES OF INFORMATION
The following websites provide helpful information on prevention, symptoms, and treatment of exercise-induced asthma:

- WebMD: www.webmd.com/asthma/guide/exercising-asthma
- eMedicine Health: www.emedicinehealth.com/exercise-induced_asthma/article_em.htm

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November 2008
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AUTOMATED EXTERNAL DEFIBRILLATORS IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Automated external defibrillators (AEDs) are portable electronic devices that can deliver an electrical shock to the heart to reestablish a viable heart rhythm during sudden cardiac arrest (SCA). Because the devices are “automated” for use by trained laypersons, they can be used to rapidly treat individuals who would otherwise likely succumb to immediate death. The devices are

- easy to use (three simple steps that are voice prompted);
- safe (the failsafe system allows the heart shock to be administered only when it is indicated);
- mobile (about the size and weight of a laptop computer);
- affordable (about half the cost of most treadmills); and
- effective (AEDs can save a victim of SCA from death or permanent brain injury).

Because YMCAs typically have members engaged in vigorous exercise, aquatics, and other forms of physical activity, including activities for an older adult population, there is an increased risk for cardiac emergencies. Additionally, because YMCAs often have a variety of facilities and the physical spaces are large, emergency response time can be significantly delayed. Therefore, calling 911 to activate the local emergency medical services (EMS) may not be enough. Therefore, on-site emergency response plan is required that includes use of an AED for early defibrillation. The goal of an early defibrillation program is to provide in-house emergency defibrillation capabilities with a response time of less than five minutes to an event of sudden cardiac arrest that occurs anywhere on the site.

According to the American Heart Association (AHA), an estimated 295,000 instances of sudden cardiac arrest occur outside a hospital setting each year, and only about 8 percent of victims survive. It has been shown that when AEDs are widely available and communities are trained and aware of their use, it is possible to save as many as 40 percent or more of these individuals. (AHA 2011a) AEDs are the third step in the AHA’s renowned Chain of Survival concept, preceded by alerting emergency medical systems (EMS) and administering cardiopulmonary resuscitation (CPR) (AHA 2011b).

AHA and the American Academy of Pediatrics (AAP) recommend the use of AEDs on adults, children, and infants over one year of age who suffer a cardiac arrest. Certain AED equipment and electrode pads are specifically designed to deliver lower energy levels for pediatric victims (infants over one year of age and young children).
rescuers should use pediatric settings or pads when treating infants and children. If pediatric equipment is not available, rescuers may use AEDs configured for adults. There is no literature to support or deny the use of AEDs in children under one year of age.

The AHA and the American College of Sports Medicine (ACSM) published a joint position statement encouraging the placement of AEDs in health/fitness facilities as part of an overall emergency preparedness plan. Moreover, the 2012 ACSM’s Health/Fitness Facility Standards and Guidelines (4th ed.), states that “Risk management and emergency policy standard 4. In addition to complying with all applicable federal, state, and local requirements relating to automated external defibrillators (AEDs), all facilities (i.e., staffed and unstaffed) shall have as part of their written emergency response policies and procedures a public access defibrillation (PAD) program in accordance with generally accepted practice, as highlighted in this section.” These publications from the AHA and ACSM are the most explicit recommendations to date on the subject of AEDs and related emergency readiness procedures in fitness facilities.

As an organization dedicated to the health and safety of its constituents, YMCAs have long required staff to be certified in CPR in the event of a cardiac emergency in a YMCA. With the development of AEDs, YMCAs have the capability to significantly increase the survival rate of patrons who suffer cardiac arrest. The Medical Advisory Committee of YMCA of the USA endorses the AHA/ACSM’s position on the placement and use of automated external defibrillators and strongly recommends that YMCAs have them available in their facilities and programs and recommends the following guidelines regarding AEDs in YMCAs:

- YMCAs should ensure that any AED equipment purchased meets the FDA standards for these units.
- YMCA staff should be trained and certified in the procedures and use of the AED. Supplying a training program in the use of the equipment is one of the benchmarks of a reputable vendor. As a minimum, ongoing staff training on a yearly basis is recommended through an integrated CPR/AED certification course from a nationally recognized organization such as the American Safety & Health Institute, the American Heart Association, the American Red Cross, or the National Safety Council. YMCAs should check their local and state laws regarding training requirements and guidelines.
- In conjunction with their local medical advisory committee, YMCAs should establish, practice, and follow a predetermined written emergency response plan that includes use of an AED in the event of a cardiac emergency.
- YMCAs should establish procedures necessary to follow the maintenance and testing schedule for the AED equipment, as defined by the manufacturer.
- AEDs in facilities should be located within a 90-second walk of a potential collapse site.
- For YMCA of the USA certification courses that require an AED certification as a prerequisite, certification must be from one of the following nationally recognized organizations, all of which meet the stated criteria (see Medical Advisory Committee statement for CPR, AED, First Aid, and Emergency Oxygen Administration Training):
  - American Safety & Health Institute
  - American Red Cross
  - American Heart Association
  - National Safety Council
Many states have passed legislation requiring health/fitness facilities to provide access to AEDs. YMCAs are encouraged to fully assess the specific and proposed state laws regarding the placement of AEDs and then take steps to comply with the statutorily imposed legal requirements. Moreover, despite the fact that many states do not yet have laws in place that mandate AEDs in health/fitness facilities, YMCAs should consider that there may be an independent legal duty to provide such emergency aid as part of an ever-changing standard-of-care on this matter.

REFERENCES

American Heart Association. 2011a. “Sudden Cardiac Arrest—Advocacy.” Available at http://heart.org/HEARTORG/Advocate/IssuesandCampaigns/AccessstoCare/Sudden-Cardiac-Arrest---Advocacy_UCM_312652_Article.jsp.


See also the Medical Advisory Committee statement, “CPR, AED, First Aid, and Emergency Oxygen Administration Training.”

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BIOELECTRICAL IMPEDANCE ANALYSIS BY YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Bioelectrical impedance analysis (BIA) is a widely used method for estimating body composition. The technology is relatively simple, quick, and noninvasive. BIA is currently used in diverse settings, including private clinicians’ offices, health clubs, and hospitals, and across a spectrum of ages, body weights, and disease states. Despite a general public perception that BIA measures “body fat,” the technology actually determines the electrical impedance of body tissues, which provides an estimate of total body water. Using the estimated values of total body water derived from BIA, one can then estimate fat-free mass and body fat.

Bioelectrical impedance analysis measures the opposition of body tissues to the flow of a small (less than 1 mA) alternating current. Many equations are available to estimate total body water and fat-free mass as a function of impedance, weight, height, gender, and age. In actual use, however, BIA calculations of an individual’s body fat may vary by as much as 10 percent of body weight because of differences in machines and methodologies used. Equations and their variables differ, as does the choice of a reference method (National Institutes of Health 1994).

The attractiveness and marketability of BIA is its speed (about 3 minutes per subject), its ease of operation, and its self-explanatory computer printouts. Participant compliance with suggestions to improve health is boosted by the “printout mystique,” the belief that computers are infallible. The provider’s image may also benefit by association with this very visible high-tech equipment.

However, the output of a computer is no more accurate than its input. In the case of BIA, as the assumptions and formulas used in the computer program have not been proven to be valid, many of the parameters printed out may have a poor relationship to what was measured. The validity and reliability of BIA continues to be studied.

An independent review of the literature and science of BIA published in 1999 reaffirmed the National Institutes of Health’s (NIH) position on this topic, which was developed as the result of the “Bioelectrical Impedance Analysis in Body Composition Measurement” Technology Assessment Conference held in 1994 (E 1999). The NIH position statement as a result of this conference has the following conclusions:

- Bioelectrical impedance analysis provides a reliable estimate of total body water under most conditions. Subsequent estimation of fat-free mass and the percentage of body fat
vary in validity depending on the population or individual studied and on the applicability of the prediction equation used to estimate these parameters of body composition.

- Bioelectrical impedance analysis can be a useful technique for body composition analysis in healthy individuals and in those with a number of chronic conditions such as mild-to-moderate obesity, diabetes mellitus, and other medical conditions in which major disturbances of water distribution are not prominent.
- The ability of bioelectrical impedance analysis to accurately predict adiposity in severely obese individuals is limited. In addition, bioelectrical impedance analysis is not useful in measuring short-term changes in body composition (i.e., in response to diet or exercise) among individuals.
- Bioelectrical impedance analysis values are affected by numerous variables including body position, hydration status (amount of water in the body), consumption of food and beverages, ambient air and skin temperature, recent physical activity, and conductance of the examining table. Reliable bioelectrical impedance analysis requires standardization and control of these variables.
- A systematic evaluation of some safety considerations is warranted, especially as related to implanted defibrillators.
- A specific, well-defined procedure for performing routine bioelectrical impedance analysis measurements is not practiced. Therefore, the NIH panel recommended that a committee of appropriate scientific experts and instrument manufacturers be formed with the goal of setting instrument standards and procedural methods.
- Further research is recommended by the NIH in bioelectrical impedance analysis, the basic science of impedance measurements, determinations of intra- and extracellular water, and correlations with clinical outcome in specific patient populations.

The YMCA of the USA Medical Advisory Committee agrees with these conclusions, and acknowledges that bioelectrical impedance analysis may be useful with proper equipment, procedures, and interpretation of results. However, **whole body BIA appears to fall within a similar range of accuracy as other methods of estimating body composition, such as skinfold measurements.** YMCAs are encouraged to consider the relative cost and benefits of BIA compared to these other methods prior to purchasing and using this equipment (which should be done only within the context of a comprehensive assessment program).

**REFERENCES**


November 1988
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Revised November 2004
Revised June 2009
USE OF BODY MASS INDEX (BMI) MEASUREMENTS OF CHILDREN AND YOUTH

Statement of the YMCA of the USA Medical Advisory Committee

YMCA of the USA is committed to addressing the serious public health need to address the issue of steadily rising rates of overweight children by promoting physical activity and healthy eating in YMCA programs and activities. This statement presents facts about body mass index (BMI), an important indicator of appropriate weight, and recommendations for YMCAs in regard to the use of body mass measurements.

WHAT IS BMI?

BMI is an indicator that is derived from measurements of height and weight and used to assess the appropriateness of body weight. Physicians now routinely use BMI as a routine index of a child’s growth over time, and BMI is widely recognized as a useful tool for identifying and documenting weight trends in a population, as well as in tracking growth and weight change in specific individuals over time.

In children and teens, BMI can be used to identify those who are underweight, overweight, at risk for becoming overweight, or obese. Because body composition changes as children grow, and because girls and boys differ in their body-fat percentage as they mature, BMI for children is both gender- and age-specific. A child above the 95th percentile in BMI readings is considered obese—95 percent of children of the same gender and age have a BMI less than that child does. Children between the 85th and 95th percentiles are considered to be overweight. A child whose BMI is between the 5th and 85th percentiles of the population is considered to be of a healthy weight.

CAUTIONS IN THE USE OF BMI INDICATORS

When viewing BMI readings, it is important to look at them as a trend over several years, from early childhood to adolescence, instead of focusing on individual measurements taken at one time. Any single measurement taken out of context may give the wrong impression of a child’s growth and actual risk for being overweight or underweight. The real value of BMI measurements lies in allowing doctors and parents to monitor a child’s growth over time and to compare it with the growth of other children of the same age and gender to determine if the child is growing in a healthy way.
It is important to note that because BMI does not directly measure body fat, it could lead to a few children being judged in error as overweight or at risk for being overweight. For example, very active, athletic children may have a high BMI reading for their ages because of muscle mass, not excess body fat. Similarly, skeletal frame size and body proportions can influence the BMI.

YMCA OF THE USA’S POSITION AND GUIDELINES

The YMCA of the USA Medical Advisory Committee supports positions of both the Institute of Medicine and the American Academy of Pediatrics that call for all children to be regularly screened for overweight by health care professionals using BMI measurements.

- YMCAs are cautioned to use only BMI measurements obtained in a physician’s office or taken by another properly trained health care professional. Measurements taken by unqualified or untrained individuals should be suspect; because of the manner in which BMI is determined, a small error in measurement can yield results with significant errors.
- YMCA staff and programs should take a positive, assets-based approach that focuses on the skills, gifts, and needs of young people, rather than on weight or deficits. The emphasis should be on positive messages when describing efforts to improve youth health and activity programs should be directed toward providing fun and engaging activities for all youth and involving parents and caregivers in these efforts.
- The circumstances in which BMI measurement takes place should be private and the information should be maintained as confidential. If made public, the information should be used only to describe general group or class trends, not specific individuals.
- While it is important for physicians and other professional health care providers to assess young people’s weight status, YMCAs promote values, positive self-esteem, and the overall healthy development of youth. Therefore, YMCAs should avoid using labels such as “overweight” and “obese” in describing young people or in explaining BMI to youth members.
- YMCAs should work to build relationships with adults, including YMCA staff and volunteers, who are supportive and positive role models for healthy behaviors.

REFERENCES


April 2005
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BOXING INVOLVING CHILDREN AND ADOLESCENTS

Statement of the YMCA of the USA Medical Advisory Committee

The Medical Advisory Committee of YMCA of the USA strongly recommends a complete ban on boxing for children and adolescents. We agree with both the American Medical Association and the American Academy of Pediatrics, who advocate the discontinuation of boxing due to its excessive risks of brain injury.

The overwhelming weight of evidence indicates that the inevitable result of the cumulative effects of concussive blows to the head (with or without a protective helmet) is irreversible brain damage. Head blows can result in tiny tears and bleeding. Studies have demonstrated that when adult boxers have fought a number of times, brain atrophy results—the brain becomes smaller than normal. In addition, since boxing is a “sport” in which it is within the rules for each contestant to deliberately try to inflict severe physical injury to his opponent, it is also morally indefensible. In our opinion, young people must not be taught to injure, maim, and knock senseless their opponents. The benefits attributed to boxing, such as fitness and hand/eye coordination can be derived just as effectively from many other less dangerous individual sports. Children and adolescents should be encouraged to engage in sports in which intentional head injury is not the primary objective of the sport.

In addition to advocating a total ban on boxing for children and adolescents, we also strongly recommend the elimination of all boxing programs. The American public, especially its children and adolescents, must be educated as to the dangerous effects of boxing on the health and well-being of its participants.

For related information, see the following Medical Advisory Committee Recommendation, “Martial Arts Programs Offered by YMCAs.”

For a copy of the American Academy of Pediatrics’ Policy Statement, “Participation in Boxing by Children, Adolescents, and Young Adults (1997),” visit http://aappolicy.aappublications.org/cgi/content/full/pediatrics;99/1/134.

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BREATH-HOLD UNDERWATER DIVING

Statement of the YMCA of the USA Medical Advisory Committee

The practice of extended breath-hold underwater diving has become a popular competitive event but has significant dangers associated with it, including brain damage and death by drowning. Individuals who perform this activity competitively train themselves to resist the urge to breathe to see how far they can swim underwater while holding their breath. This activity is not a safe practice in YMCA aquatic programs. To increase awareness and safety within YMCA aquatic facilities and programs, the YMCA of the USA Medical Advisory Committee recommends the following safety precautions and recommendations:

1. YMCAs should prohibit extended underwater breath-hold diving. For training purposes in programs such as swim teams and skin/scuba diving, under the direct supervision of a coach or instructor, moderate underwater breath-hold swimming that is normal and reasonable is permissible.

2. Under no circumstances should a YMCA allow the practice of “static apnea” (where a person is motionless underwater or facedown on the surface and holding one’s breath). This activity is performed to see how long one can hold his or her breath. Due to the extreme physiological danger of latent anoxia (blackout), this activity should be prohibited.

3. Prior to any underwater breath-hold swimming, a coach or instructor should explain to participants that hyperventilation (more than four rapid inhalations and exhalations) is dangerous and should not be performed, and that the participant should exhale periodically during the underwater swim.

4. At no time should even moderate underwater breath-hold swimming, snorkeling, or skin diving occur without the direct, uninterrupted supervision of a coach or instructor. Extended underwater breath-hold diving is not recommended at any time.

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CARDIAC REHABILITATION PROGRAMS IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA’s aim to help all individuals, including those individuals who have suffered myocardial infarction or other cardiac events, to lead healthier lives. Currently, only 25 percent of cardiac patients participate in cardiac rehabilitation programs. Many YMCAs wish to become involved in cardiac rehabilitation.

1. Multidisciplinary cardiac rehabilitation programs have been demonstrated to benefit cardiac patients by reducing the risk of further cardiac problems, including re-infarction.

2. Cardiac rehabilitation is generally divided into four phases:
   - Phase I: In-hospital
   - Phase II: Post-hospital/immediate exercise intervention
   - Phase III: Post-hospital extended outpatient rehabilitation (beginning four to six months after myocardial infarction)
   - Phase IV: Exercise maintenance (following Phase III for an indefinite period)

The YMCA of the USA Medical Advisory Committee recommends that YMCAs that want to offer Phase IV cardiac rehabilitation programs do so in compliance with published guidelines. The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) outlines Phase IV maintenance programs in *Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs*, fourth edition (Human Kinetics 2004).

The YMCA of the USA Medical Advisory Committee urges YMCAs that want to offer Phase IV programs to establish a local medical advisory committee when formulating such programs, and/or to seek the involvement of local physicians knowledgeable in the area of cardiac rehabilitation.

For those YMCAs wishing to offer Phase III cardiac rehabilitation programs, and for those few YMCAs that may be in the position to offer Phase II Rehabilitation Programs, the YMCA of the USA Medical Advisory Committee once again recommends compliance with the published guidelines from the AACVPR. Phase II and Phase III programs should be undertaken only in partnership with a local hospital or other recognized health care facility with demonstrated expertise and background in the area of cardiac rehabilitation and in compliance with the AACVPR guidelines for cardiac rehabilitation for Phase II and Phase III programs. While these guidelines recommend having defibrillators available during cardiac rehabilitation programs, it is strongly recommended that YMCAs with these programs also
be equipped with automatic external defibrillators (AEDs), in keeping with the Medical Advisory Committee Recommendation “Automated External Defibrillators in YMCAs.” This document is available at yexchange.org.

All YMCAs conducting cardiac rehabilitation programs should obtain a copy of the cardiac rehabilitation clinical practice guideline or the clinician’s quick-reference guide on cardiac rehabilitation, both published by the Agency for Healthcare Research and Quality of the U.S. Public Health Service at www.ahrq.gov. These documents provide the scientific background for cardiac rehabilitation programs and can be found at the following websites:

   Clinical Guideline 17, Cardiac Rehabilitation.  

   Quick Reference Guide 17, Cardiac Rehabilitation as Secondary Prevention.  

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CHILD ABUSE IDENTIFICATION AND PREVENTION GUIDELINES FOR YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Child abuse includes non-accidental physical injury, neglect, sexual molestation, emotional abuse, and child-on-child sexual abuse and “bullying.” A list of indicators for each of these types of abuse is available from YMCA of the USA to assist YMCA staff in recognizing signs of child abuse.

The National Child Abuse and Neglect Data System (NCANDS) reported in Child Maltreatment 2008 that 690,061 children were victims of maltreatment nationwide in 2008. This figure equates to a rate of 9.5 victims per 1,000 children. This is of special concern to YMCAs because of the organization’s role as an advocate for children and its commitment to building healthy, confident, connected, and secure children, adults, families, and communities. The five-year trend from 2004 to 2008 shows a decrease in the incidence of maltreatment; however, when the data for 2009 and 2010 are released, experts expect to see an increase in abuse and neglect due to the stress caused by the economic downturn.

Each YMCA is encouraged to develop a written policy that clearly defines management practices related to prevention of child abuse. This policy should include approved practices for recruiting, training, and supervising staff and volunteers; a code of conduct for staff relationships with children; reporting procedures for incidents when they do occur; and the responsibility to parents on this issue. Common sense and good judgment should guide the development of required procedures. Good management policies and practices will vary based on local situations, and laws differ from state to state. YMCA staff should be aware that they may be mandatory reporters of child abuse, and it is their responsibility to know and apply applicable laws and regulations. The U.S. Department of Health and Human Services maintains up-to-date information, by state, including a summary of applicable state laws, at www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm.

YMCA of the USA provides a Child Abuse Prevention Training package for use by local YMCAs to train and educate their staff. The training consists of a video; a self-study guide for supervisors; board training information; reproducible, customizable forms; training for front-line staff and volunteers; program-specific training modules; ideas for follow-up training; and other relevant information. Included in the package and at yexchange.org is a checklist that summarizes the main points delivered throughout the training. YMCA leaders
are encouraged to use this checklist in developing and monitoring YMCA policies related to this important issue.

The majority of these training materials are also available at <yexchange.org>. To purchase the complete training materials and companion training video, contact the Program Store (<www.ymcaprogramstore.com> or 800-747-0089). YMCAs are encouraged to offer Child Abuse Prevention Training on a regular basis for all staff and relevant volunteers.

YMCA staff are urged to share copies of their management policies related to child abuse prevention with other YMCAs and with YMCA of the USA. Included in this statement is a list of resources for more comprehensive guidance on abuse prevention. A bibliography of educational resources for use with parents and children is included in the Child Abuse Prevention Training and is available online at <yexchange.org>.

REFERENCE


RESOURCES

YMCA of the USA

Indicators of Abuse: <https://yexchange.org/ProgramAdministration/Resources/Possible-Indicators-of-Abuse.pdf>

YMCA of the USA Abuse Prevention Checklist: <https://yexchange.org/ProgramAdministration/Resources/Abuse-Prevention-Checklist.pdf>


Y-USA Staff: 800-872-9622 or 101 North Wacker Drive, Chicago, Illinois 60606. Contact your resource director or any of these departments for assistance:

- Membership Support and Program Services
- Media Relations
- Association Resources—Human Resources Consulting
- Legal/General Counsel Office

U.S. Department of Health and Human Services maintains up-to-date information, by state, on the responsibilities of those working with children to prevent and report abuse and neglect at <www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm>.
Nonprofit Risk Management Center, Washington, DC, www.nonprofitrisk.org or 202-785-3891, offers a wealth of information of interest to YMCAs, much of it free. Services include online interactive advice and consultation (free), online fact sheets and tutorials (free), a newsletter on risk management (free), and consultation and publications (for a fee). Consider purchasing the center’s comprehensive guide, *The Season of Hope: A Risk Management Guide for Youth-Serving Nonprofits*.

American Camp Association (ACA), www.acacamps.org or 800-428-2267, offers many valuable resources through their website.

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CHILDREN IN ADULT LOCKER ROOMS

Statement of the YMCA of the USA Medical Advisory Committee

The Y is, and always will be, dedicated to building healthy, confident, connected, and secure children, adults, families, and communities. The Y also brings families together to have fun and grow together. As a family place, YMCAs set policies that make coming to their facilities as convenient as possible for families. For this reason, some YMCAs attempt to accommodate busy parents by allowing them to take their young children into locker rooms for people of the opposite gender.

While accommodating to parents, the practice of children changing in opposite-gender locker rooms can be uncomfortable for some members and staff. The issue typically centers around deciding the maximum age for a child who can be brought into the locker room of the opposite-gender parent. Although there is not universal agreement on what that age should be, it is the consensus suggestion of the Medical Advisory Committee and the experts consulted that parents be allowed to bring children ages five (5) and younger, or not yet in first grade, into the opposite-gender locker room. Children ages six (6) and older should use same-gender locker rooms.

The primary concern in setting local YMCA policy on this issue is the welfare of the child. In order to formulate a policy that is appropriate for their community, YMCA staff and volunteers are urged to use a decision-making process that takes into account the following points:

1. Include members, staff, volunteers, medical advisory committee members, and/or local pediatricians, child development experts, and parents who utilize the facility in the formulation of policy for your YMCA.
2. Consider a separate "Family" or "Special Needs" locker room that can be used by parents with young children, as well as by people with disabilities needing assistance. These special needs locker rooms are subdivided to accommodate both male and female parents with their children of the opposite sex with separate changing, lavatory, and showering areas.
3. Consider using partitions or a specific section in existing adult locker and shower rooms to provide privacy for adults changing their children of the opposite gender.
4. Consider temporarily converting youth locker rooms for family use at specific times.
5. Consider having staff accompany young children in the locker areas, in accordance with YMCA child abuse prevention guidelines.
6. Review the schedule of programs and activities to schedule appropriate times when families may use the locker facilities with children of the opposite gender, and post signs to notify adult members when families are likely to be present.

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PARTICIPATION BY CHILDREN IN ORGANIZED YOUTH SPORTS PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

Organized sports programs for children should be developmentally appropriate—responsive to the physical, emotional, social, and cognitive stages of childhood as determined by both age and individual readiness. Leaders and coaches should be aware of appropriate behaviors and activities for specific age groups and familiar with methods of accommodating children with special needs. Although each child’s preferences, abilities, patterns of growth, and experiences will vary, the Y’s ultimate goal should be to make every child feel important and welcome in these programs.

YMCA sports programs should avoid treating children as if they are miniature adults. Coaches should avoid placing undue stress on children by pushing them beyond their abilities. Programs should be progressive in design, fun, and enjoyable—supporting and enhancing each stage of growth and building on what has been learned in earlier stages. The Y agrees with the American Academy of Pediatrics, which states that game rules should be modified to accommodate the child’s need to learn or should be adapted to age-appropriate skills or fitness, and if possible, participants should be grouped according to size, skill, and maturation level rather than age. Using these general guidelines, the following is recommended:

1. For children up to approximately 5 years of age, YMCA programs should emphasize fundamental motor skills such as catching, kicking, swinging, running, and bouncing. Organized teams and leagues are not recommended for this age group.

2. For children between approximately 5 and 8 years of age, YMCA programs should continue to focus on motor skills and begin the transition to more organized games and play, introduced for selected sports, with modified equipment, playing areas, and simple rules that contribute to cooperation rather than competition. Sports programs for this age group should not include scoring of events or highly organized, competitive teams.

3. For children between approximately 8 and 12 years of age, YMCA programs should emphasize a wide variety of individual and team sports, with skill development that encourages a lifetime of enjoyment. Organized teams and leagues are appropriate, with emphasis on development of basic skills, learning rules and strategies, having fun, and appreciation for lifetime participation in sport and fitness activities.
4. For children approximately 12 years of age and older, YMCAs should provide sports programs that encourage all youth to continue participating, as well as highly competitive teams and leagues that encourage young participants to become the best they can be.

5. For all children, YMCAs should pay careful attention to the factors that may contribute to overuse injuries in young athletes, such as the volume and progression rate of training, playing surfaces, and footwear. It is recommended that YMCAs monitor the rate of progression and volume of training in the athletes participating in their sports programs. It is recommended that the amount of training be increased by no more than 10 percent per week. Coaches should be conscious of behaviors or limitations to participation that children may have and speak to the parents to about potential problems. Individuals should be referred to appropriate medical personnel for treatment. These conditions can usually be corrected through simple exercises or orthotic devices.

6. Proper nutrition is essential for the healthy growth and development of young people. YMCA sports programs are encouraged to include a curriculum that promotes proper nutrition and stresses healthy food choices. In addition, food and/or snacks provided for youth should be done in a responsible manner by avoiding high-fat, high-sugar products and choosing complex carbohydrates instead (see Medical Advisory Committee Recommendation, “Promoting Healthy Nutrition for Youth in YMCA Programs”).

YMCA sports programs for children should focus on the development of healthy lifestyles, the values of cooperation and fair play, the involvement of parents in positive support roles, and individual children rather than the sport. Children with special needs should be individually assessed to determine what accommodations are necessary to integrate them into the YMCA sports programs. Coaches and other leaders should be carefully selected and trained to assure that programs are developmentally appropriate, contribute to YMCA goals for children and families, and reflect the organization’s mission that everyone, regardless of sex, race, national origin, religion, or physical ability, is welcome to participate.


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CHOLESTEROL AND DIABETES SCREENING FOR ADULTS

Statement of the YMCA of the USA Medical Advisory Committee

As part of their commitment to community health and well-being, some YMCAs choose to offer cholesterol and diabetes screenings to their members and the community at large. These efforts have greater impact when they are part of a broader health and well-being program designed to support people in their pursuit of healthy lifestyles. While providing screenings can be beneficial, YMCAs must be aware of the responsibilities involved in offering such services. Screenings should include reliable verbal and printed information about cholesterol and glucose levels from knowledgeable staff who can provide referrals.

YMCA's can offer these health screening services on their own or collaborate with a local hospital or medical laboratory. If a YMCA seeks to conduct cholesterol and diabetes screenings on its own, it must be aware that this testing is regulated by two federal agencies: the Centers for Medicare & Medicaid Services (CMS), under the Clinical Laboratory Improvements Amendments of 1988 (CLIA), and the Occupational Safety and Health Administration (OSHA), which protects employees from workplace hazards, in this case blood-borne pathogens. In addition to federal regulations, some states may have further regulations or laws that affect this type of testing. YMCAs are advised to contact the proper local and state agencies/health departments to determine what, if any, state laws apply.

The CLIA regulation typically requires a testing agency to obtain CLIA certification, which is a time-consuming, complex, and costly process. However, some manufacturers of the finger-stick testing equipment typically used in community settings have been granted “waived status,” and they have developed a procedure for community organizations like YMCAs to obtain a certificate of waiver. If waiver status is granted, CLIA places no further requirements on organizations using waived devices. YMCAs that want to conduct cholesterol and diabetes testing should check with the equipment manufacturer about obtaining waiver certificates. In some cases, it may be advisable to offer such screening in collaboration with a local hospital or medical laboratory.

Following are the recommended guidelines for YMCAs offering cholesterol and diabetes screening for adults:

- The local YMCA Medical Advisory Committee should approve the screening procedures and protocol, and the YMCA should work with the local medical community to ensure that the screening reflects the community’s standard of care.
If the YMCA chooses to offer screening through contracted services, the YMCA should use a CLIA-certified or -waived hospital or medical laboratory with trained technicians.

If the YMCA purchases equipment and conducts its own screening, the following guidelines should be followed:

- Investigate and adhere to federal regulations (OSHA, CLIA, HIPAA*, GINA**) and state regulations regarding licensing, certification, certificates of waiver, confidentiality, and hazardous waste disposal.
- Inform the YMCA’s insurance carrier to ensure appropriate coverage.
- Select and use state-of-the-art equipment that is accurate for screening purposes.
- Place appropriate emphasis on using the test only for screening purposes.
- Provide educational materials to promote accurate interpretation of the results.
- Encourage individuals to share the information with their physician or health care provider. Advise individuals with elevated test results to see their physician for more complete testing and guidelines for managing their conditions.

* Health Insurance Portability and Accountability Act of 1996
** Genetic Information Nondiscrimination Act of 2008

The information in this recommendation is current at the time of this update, but the Medical Advisory Committee acknowledges that information available on websites is regularly updated. Therefore, YMCA staff should search the sites of the lead agencies or professional organizations listed below for the most up-to-date information:

**BLOOD-BORNE PATHOGEN TRAINING**

For information on setting up a blood-borne pathogens training (required to meet OSHA standards) at your YMCA, visit Exchange, yexchange.org. In addition, the University of Wisconsin offers free online Blood-borne Pathogens Reference and Training, sponsored by the University Safety Department’s Occupational Health Program. Access this training at www.uwsp.edu/ehs/departtrainresource.htm.

**CHOLESTEROL LEAD AGENCIES**

*American Heart Association* (www.americanheart.org)

For educational information about cholesterol and heart disease to distribute to YMCA members, visit www.americanheart.org/presenter.jhtml?identifier=1516.

*Centers for Disease Control and Prevention* (www.cdc.gov)


*National Heart, Lung, and Blood Institute* (www.nhlbi.nih.gov)

Educational information about cholesterol and heart disease.

**DIABETES LEAD AGENCY**

*American Diabetes Association* (www.diabetes.org)

Educational information about diabetes and heart disease to distribute to YMCA members.
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)
Centers for Medicare & Medicaid Services (CMS) (www.cms.gov/CLIA/)

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
www.osha.gov

For related information, see the Medical Advisory Committee Recommendations, “Physical Activity and Type 2 Diabetes” and “Preventing and Decreasing Overweight and Obesity.”

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CPR, AED, FIRST AID, AND EMERGENCY OXYGEN ADMINISTRATION TRAINING

Statement of the YMCA of the USA Medical Advisory Committee

Sudden cardiac arrest happens more often in the United States than many people think, and many of its victims are not aware that they’re at risk; in fact, many seem quite healthy. According to the American Heart Association (2011), nearly 300,000 out-of-hospital sudden cardiac arrests occur annually. Of those victims, fewer than 8 percent survive. The AHA estimates that many of these people could be saved by the quick initiation of cardiopulmonary resuscitation (CPR). CPR helps maintain vital blood flow to the heart and brain and increases the amount of time during which an electric shock from an automated external defibrillator (AED) can be effective. When provided immediately after sudden cardiac arrest, effective bystander CPR can double or triple a victim’s chance of survival.

The Y is dedicated to providing safe environments for people of all ages and abilities. Given this commitment and the prevalence of physical activity at YMCAs, CPR and first aid training and certifications are necessary for most YMCA staff members and volunteers. Certain positions, including YMCA lifeguards, require training and certification in professional rescuer CPR/AED, first aid, and emergency oxygen administration.

A number of national and local agencies and organizations offer CPR, AED, first aid, and emergency oxygen administration training, with a variety of levels of certification available to meet your requirements. To assist YMCAs in obtaining the best possible training for their staff, the YMCA of the USA Medical Advisory Committee recommends the following:

1. YMCAs should work with their local medical advisory committees to make sure they are in compliance with local and state guidelines. By utilizing those guidelines, they can decide which staff members should receive CPR, AED, first aid, and emergency oxygen administration training and certification and the level of training necessary.
   a. YMCAs should examine their emergency action plans (EAP) and determine what level of training is needed for each person’s role in EAPs. Ask questions such as these:
      i. Who will be first on the scene?
      ii. Who will transport the AED and oxygen to the scene?
      iii. What level of training and certification should each staff member have who plays a role in the EAP?
      iv. Who else will be assisting at the scene?
v. What level of training will each person need to make each EAP run smoothly and give the best care to the victim?

2. CPR, AED, first aid, and emergency oxygen administration training should be from a nationally recognized organization (e.g., American Safety and Health Institute, American Red Cross, American Heart Association, or National Safety Council) or from a local or state program that meets the guidelines listed below. The participants in the training should receive certification based on a practical and written test of knowledge. Training programs should meet the following criteria in order to be recognized:
   a. The program is comprehensive and meets the CPR, AED, first aid, and emergency oxygen administration requirements of any potential emergency situation.
   b. A knowledge and practical skill test that requires a minimum passing score is given to participants prior to awarding certification.
      i. An e-learning program that also requires students to participate in an instructor-led practical skill test is acceptable.
      ii. A program that offers only e-learning without a practical test is not approved by YMCA of the USA.
   c. A medical advisory committee reviews, updates, and approves the recommended training protocols.
   d. The program meets OSHA (U.S. Occupational Safety and Health Administration) guidelines for CPR, AED, first aid, and emergency oxygen administration training.
   e. There are standardized procedures and systems for recognizing and training the instructors/trainers in the CPR, AED, first aid, and emergency oxygen administration training program.
   f. The program provides comprehensive materials and resources for participants, instructors, and trainers, which are consistently updated as standards change and new information becomes available.
   g. Certification cards are issued with expiration information and specify the type of training (e.g., CPR/AED for the Community and Work Place vs. CPR Pro course; Oxygen Administration vs. Emergency Oxygen course).
   h. Liability coverage is carried for those who are certified by the program.

As a reminder, local YMCAs that want to consider local or state programs should have their medical advisory committee review the programs to ensure they meet the above criteria.

Note: The American Heart Association (AHA) CPR course for healthcare providers for basic life support (Basic Life Support (BLS) for Healthcare Providers) is acceptable as it requires evaluation and testing of the participants. Other more basic levels of AHA courses do not include practical and cognitive evaluation or testing of the participants as part of the training program and are not recommended for most YMCA staff.

3. Training in CPR should include basic life support (BLS) for infants, children (i.e., pediatric), and adults; obstructed airway procedures; two-rescuer resuscitation procedures; and use of a resuscitation mask and bag-valve mask.

4. YMCA lifeguards are required to have valid CPR Pro/AED, first aid, and emergency oxygen administration certifications.
5. In addition, AED training should be taught with CPR and first aid training for YMCA staff (see Medical Advisory Committee recommendation on AEDS in YMCAs).

For YMCA of the USA certification courses that require CPR or CPR Pro/AED, first aid, and emergency oxygen administration certifications as a prerequisite, appropriate certifications from the following nationally recognized organizations that meet the previously stated criteria will be accepted:

- American Safety and Health Institute, [www.hsi.com/ASHI_Programs/](http://www.hsi.com/ASHI_Programs/)
- American Red Cross, [www.redcross.org](http://www.redcross.org)
- American Heart Association (only the course, Basic Life Support (BLS) for Healthcare Providers), [www.heart.org](http://www.heart.org)
- National Safety Council, [www.nsc.org](http://www.nsc.org)

Individuals who are either emergency medical technicians (EMT) or registered nurses (RN) and would like to take YMCA of the USA certification courses should present to their instructor or trainer a copy of their current license or state certification plus documentation of official course criteria. (Instructors and trainers should note the effective dates: depending on the agency, CPR/AED begins to expire after 12 months, first aid after 2 years, and emergency oxygen administration after 2 years.)

For more information, go to the American Heart Association’s website at [www.americanheart.org/cpr](http://www.americanheart.org/cpr) and the Citizen CPR Foundation’s website at [citizencpr.org](http://citizencpr.org).

For related information, see the Medical Advisory Committee statements, “Automated External Defibrillators in YMCAs” and “Use of Emergency Oxygen in YMCAs.”

**REFERENCES**

American Heart Association. 2011. “Sudden Cardiac Arrest – Advocacy.” Available at [heart.org/HEARTORG/Advocate/IssuesandCampaigns/AccessstoCare/Sudden-Cardiac-Arrest---Advocacy_UCM_312652_Article.jsp](http://heart.org/HEARTORG/Advocate/IssuesandCampaigns/AccessstoCare/Sudden-Cardiac-Arrest---Advocacy_UCM_312652_Article.jsp).

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CYTOMEGALOVIRUS IN
YMCA CHILD CARE CENTERS

Statement of the YMCA of the USA Medical Advisory Committee

Cytomegalovirus (CMV) is a very common herpes virus that is transmitted through bodily fluids and often infects young children. In most cases CMV causes no symptoms. When symptoms are experienced, they typically consist of fever, swollen glands, and fatigue. The virus can be found in urine, saliva, tears, stools, blood, vaginal secretions, semen, and breast milk. Since contact with saliva and urine is common in child care settings, CMV can spread easily in these programs.

The concern about CMV, similar to the concern about rubella virus, is due to its effects on the fetus when a woman has her first CMV infection early in pregnancy. In these cases, CMV can cause damage to the fetus, leading to possible mental retardation, hearing loss, and other nervous system problems in the unborn child (see referenced materials for further information about CMV).

Due to the concerns about children with CMV in child care programs and for child care staff members of child-bearing age, the YMCA of the USA Medical Advisory Committee makes the following recommendations to YMCAs:

- Do not allow children with known CMV to attend child care programs unless cleared by their pediatrician or primary health-care provider.
- Educate staff about CMV and its potential effects on the fetus of women who have their first CMV infection during the early stages of pregnancy. The risk appears to be greatest for child care personnel who care for children under the age of two.
- Refer employees of child-bearing age to their physicians for further education and testing.
- Train staff in the standard precautions for infection control to help prevent the spread of CMV to themselves and others.
- Work with the local medical community, particularly pediatricians, and offer staff and parent education sessions on CMV.

Further, the Medical Advisory Committee recommends the guidelines set forth in Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs of the American Public Health Association and the American Academy of Pediatrics (see references). For more information about cytomegalovirus, contact your local health department and/or your local YMCA Medical Advisory Committee.
REFERENCE

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DEER TICK & LYME DISEASE AWARENESS AND EDUCATION

Statement of the YMCA of the USA Medical Advisory Committee

Lyme disease is the most common tick-borne disease in the United States. If left untreated or misdiagnosed, the disease can result in painful and crippling arthritic conditions, nerve damage, brain disorders, heart malfunctions, and sometimes death. The disease develops from the often unnoticed bite of an infected deer/bear/small mammal/rodent tick.

Lyme disease has appeared in every U.S. state, but deer ticks exist where deer do not. Approximately 97 percent of cases come from just 10 states: Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin. According to the U.S. Centers for Disease Control and Prevention, about 20,000 new cases are reported annually.

Most of the time Lyme disease is easily treated and does not progress to the chronic stage, especially now that there has been over a decade of public awareness. It causes severe long-term effects in less than 10 percent of untreated patients.

Lyme disease is treatable with antibiotics, and complete recovery is likely when the illness is discovered early. With proper precautions, Lyme disease is preventable. However, once treated and recovered, a patient can be reinfected from future tick bites, as he or she carries no antibodies against future infection.

WHO CAN GET LYME DISEASE?

Anyone who spends time outdoors is susceptible and should take precautions. If you are on a hiking path, in a park, on a bike trail, camping in the woods, on a golf course, or even gardening in your own backyard—you are at risk. Tick season is from April through October in the Northern part of the country, year round in the Southern half. Lyme disease can cause the same complications in both adults and children.

Because children spend more time playing outside during the summer, they are at greater risk. Therefore, day and resident camps, outdoor sports leagues, and outdoor recreation of any kind requires vigilance and knowledge of Y-staff and communication of the same knowledge to all parents of children.
While pets are susceptible to Lyme disease, there is no evidence that infected animals can transmit the disease to humans, although an infected tick might take a leap from a dog’s or cat’s fur onto a human for a meal.

HOW CAN YOU GET IT?

Lyme disease is caused by a spirochete, a corkscrew-shaped bacterium named *Borrelia burgdorferi*. The disease is transmitted by the bite of a tick infected with the bacteria. The deer or black-legged tick generally transmits the disease in the East and upper Midwest, and the western black-legged tick in Pacific coastal states.

An understanding of a tick’s life cycle can make YMCA staff and members more aware of what to look for. Ticks are parasites and require a blood meal between each active stage of their life cycle. In each stage, the tick can become infected by its host. Once infected, it carries the infection to the next stage of life and is capable of infecting its next host.

Deer ticks have a two-year life cycle. During the nymph stage, they have eight legs and are about the size of a pin head. Infected nymphs cause most cases of Lyme disease because they are difficult to see or feel and are most active from May through July.

Adult ticks can also infect hosts. However, they are much larger (about the size of an apple seed) and are active primarily in late fall and early spring when fewer people are outdoors. In the Northeast, 15 to 30 percent of all deer ticks are infected. In most sections of the Northeast, an estimated 1 to 3 percent of people bitten by these ticks contract Lyme disease.

SYMPTOMS

Although YMCAs and YMCA camps are not in the business of treating Lyme disease, early detection is important. Therefore, staff should be aware of symptoms, particularly when there is an increased chance of exposure to ticks.

The first symptom in 60 percent of cases is a circular, bull’s-eye shaped rash with a clear center, about 2 and ½ inches across. Flu-like symptoms, chills, fever, and fatigue are often experienced. More than one rash may appear, and not always at the site of the tick bite. The red patches may be warm, but unlike sun rashes, are generally not painful or itchy. If you suspect Lyme disease, contact a physician as soon as possible.

REDUCING THE RISK OF LYME DISEASE

- Use extra caution when in woodland areas that are grassy and marshy.
- Do not walk barefoot in grassy areas.
- When walking through wooded areas, stay on the trail to prevent contact with possible tick-bearing shrubs.
- Wear light-colored clothing (easier to spot dark-colored ticks) with long sleeves, and tuck shirt into pants, and pants into socks or boots.
- Use insect repellent containing DEET on exposed skin, and on clothing—especially collars and cuffs. A concentration of 20 to 30 percent DEET is about 90 percent effective in repelling ticks. The use of highly concentrated DEET products can cause skin irritation in
adults and serious neurologic problems have been reported in children. All repellents should be used sparingly (once or twice daily). In addition, use repellents on clothing whenever possible. Avoid putting repellents on children’s hands because they might get the repellent in their mouths and eyes. Insect repellent should be applied to children only by adults.

- Routinely check for ticks on yourself and those around you (campers and children) immediately after an outing in potentially tick-infected areas. Be sure to inspect tight/moist areas such as hairlines, ears, behind the knees, armpits, and genitals. In deference to the YMCA’s Child Abuse Prevention Guidelines, there should always be two adult staff present when campers or under-age-eighteen members/staff are being body-checked. Checking every 24 hours will markedly reduce one’s chance of contracting Lyme disease.

**TICK REMOVAL**

If a tick is discovered and has already “dug in” to feed, it must be pulled from the flesh as soon as possible (wearing gloves). The best way to do so is with tweezers or small forceps. Firmly grasp the tick’s head, and carefully pull straight upward. It is ideal to remove the head with the body, but if that involves digging, don’t do it. If the insect’s body is squeezed or crushed, bacteria may be introduced into the body. Once the entire insect’s body is removed, daub with rubbing alcohol or another disinfectant, and immediately wash hands thoroughly. Consult a doctor if a rash or other symptoms develop, if there is a concern whether or not the entire tick was removed, or if you have other concerns.

The Medical Advisory Committee recommends that YMCAs, particularly those with outdoor programs and/or those located in high risk areas for Lyme disease, educate staff, members, and parents on the risks, symptoms, and treatment of Lyme disease as a regular part of their camping and outdoor programs. In addition, YMCAs should stay updated on environmental control measures which reduce exposure to ticks, to help prevent the spread of the disease.

**RESOURCES FOR MORE INFORMATION**


Departments of Health Services in:

- California, 916-445-4171
- Connecticut, 860-509-8000
- Massachusetts, 617-522-3700
- Minnesota, 651-431-2000
- New Jersey, 609-588-7500
- New York, 518-474-5073
- Rhode Island, 401-222-2231
- Wisconsin, 608-267-9003

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PHYSICAL ACTIVITY AND
TYPE 2 DIABETES

Statement of the YMCA of the USA Medical Advisory Committee

An estimated 24 million Americans have diabetes, many undiagnosed, an increase of nearly 3 million since 2006 (CDC 2008). Ninety to 95 percent of persons with diabetes have type 2 diabetes (National Institutes of Health 2008a), caused by the body’s inability to efficiently use the hormone insulin, which helps convert sugar into energy. Perhaps most striking is the incidence of type 2 diabetes in adolescents and children—2 million adolescents (or one in six overweight adolescents) aged 12–19 have pre-diabetes, and 23.5 million (or 10.7 percent of all people in this age group) have diabetes—since in the past this form of the disease has usually been seen only in adults (CDC 2007). Contributing factors to the recent epidemic of type 2 diabetes affecting people of all ages in this country are poor nutrition habits, physical inactivity, and obesity.

Results from the National Institutes of Health’s Diabetes Prevention Program (DPP) (2008b) showed that moderate changes in nutrition and physical activity can delay and possibly prevent type 2 diabetes in a diverse population of overweight people with impaired glucose tolerance (IGT). The DPP found that modest weight loss—5 to 7 percent of body weight—and increased physical activity, such as brisk walking for 30 minutes per day, can cut a person’s risk of developing type 2 diabetes by more than half.

Physical activity, including appropriate endurance and resistance training, is a major therapeutic modality for type 2 diabetes. The American College of Sports Medicine’s (ACSM) position stand “Exercise and Type 2 Diabetes” (2000) contains specific guidelines for exercise prescription and safety for people with type 2 diabetes. Following is a summary of the key points, which also apply to people at risk of diabetes:

- Diabetes has an increased risk of cardiovascular morbidity and mortality, and thus it is important to have a thorough physical exam by a physician prior to beginning a physical activity program.
- Physical activity programs for those without significant complications or limitations should include appropriate endurance and resistance exercise.
- Expend a minimum cumulative total of 1,000 kcal of aerobic activity per week.
- Engage in at least three nonconsecutive days and up to five physical activity sessions each week.
- Low- to moderate-intensity physical activity is recommended to achieve cardiovascular and metabolic (the body’s ability to use insulin) improvements.
Because autonomic neuropathy (nerve damage) may affect heart rate in some persons with diabetes, include the use of ratings of perceived exertion (the Borg scale) to monitor physical activity intensity.

Exercise duration should be 10–15 minutes per session initially, gradually increasing to at least 30 minutes to achieve the recommended energy expenditure.

Recommended modes of exercise include those that afford greater control of intensity, are easily maintained, and require little skill. Recommended activities include walking, stationary cycling, swimming and other aquatic activities, and appropriate resistance training.

It is recommended that resistance training at least two days per week should be included as part of a well-rounded exercise program for persons with type 2 diabetes whenever possible. A minimum of 8–10 exercises involving the major muscle groups should be performed with a minimum of one set of 10–15 repetitions to near fatigue (American College of Sports Medicine 2000).

Rate of progression should focus on frequency and duration of activity, rather than intensity.

Care should be taken to keep intensity at a comfortable level, particularly initially, as those with type 2 diabetes often find endurance exercise uncomfortable.

The YMCA of the USA Medical Advisory Committee endorses these guidelines and encourages YMCAs to develop appropriate education and physical activity programs to improve the health of those with or at risk of diabetes in their communities. Further, the Committee encourages appropriate collaborations with community health care providers in addressing this issue.

For more information and practical resources on implementing a diabetes wellness program, the Committee urges Ys to visit yexchange.org for the YMCA’s Diabetes Prevention Program (under Activate America).


For related information, see the Medical Advisory Committee Recommendation, “Preventing and Decreasing Overweight and Obesity.”

REFERENCES


April 2002
Revised May 2007
Revised March 2008
Updated May 2010
DIETARY GUIDELINES FOR ALL AMERICANS

Statement of the YMCA of the USA Medical Advisory Committee

Proper nutrition is essential for the healthy growth and development of all people. YMCA facilities, programs, and activities that provide food and/or snacks should do so in a safe, clean, and pleasant environment, and in a responsible manner. While most eating and physical activity habits begin at home and families are primarily responsible for making healthy food and activity choices, YMCAs can support their efforts by careful attention to when and how food is served as part of a program or activity and how physical activity is incorporated and encouraged.

The U.S. Department of Agriculture and the Department of Health and Human Services released *Dietary Guidelines for Americans, 2010*, in January 2011. These guidelines, designed for people ages 2 and older, emphasize three major goals for people in the U.S.:

- Balance calories with physical activity over time to achieve and sustain a healthy weight
- Consume more of certain foods and nutrients such as fruits, vegetables, whole grains, fat-free and low-fat dairy products, and seafood
- Consume fewer foods with sodium (salt), saturated fats, trans fats, cholesterol, added sugars, and refined grains

The recommendations are intended to help people choose an overall healthy diet. By following these guidelines, YMCAs can help members consume fewer calories, make informed food choices, and increase their level of physical activity. These healthier eating and physical activity patterns can produce lasting positive results including maintaining a healthy weight; reducing the risk of chronic disease (including type 2 diabetes, cardiovascular disease, certain types of cancer, and a number of other chronic ailments); and promoting overall health.

Further, the 2010 Dietary Guidelines accommodate the diversity of people, cultures, and backgrounds living in the U.S. and address the challenges many people face toward healthy eating, including food insecurity. The Guidelines also address the epidemic of obesity and overweight in the U.S., and the significant effect that poor diet and physical inactivity have on morbidity and mortality rates, even in the absence of overweight. By focusing on maximizing the nutritional content of meals, the Guidelines strive to help all Americans benefit from a healthy diet regardless of income or current health status.
Following are the key recommendations for the general population:

**BALANCING CALORIES TO MANAGE WEIGHT**
- Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life: adolescence, adulthood, pregnancy and breastfeeding, and older age.

**FOODS AND FOOD COMPONENTS TO REDUCE**
- Reduce daily sodium intake to less than 2,300 milligrams (mg) and further reduce intake to 1,500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease. The 1,500 mg recommendation applies to about half of the U.S. population, including children, and the majority of adults.
- Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep trans fatty acid consumption as low as possible by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
- Reduce the intake of calories from solid fats and added sugars.
- Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men—and only by adults of legal drinking age.

**FOODS AND NUTRIENTS TO INCREASE**
Individuals should meet the following recommendations as part of a healthy eating pattern while staying within their calorie needs.
- Increase vegetable and fruit intake.
- Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas.
- Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains.
- Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.
- Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
• Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
• Use oils to replace solid fats where possible.
• Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

Recommendations for specific population groups

Women capable of becoming pregnant
• Choose foods that supply heme iron, which is more readily absorbed by the body, additional iron sources, and enhancers of iron absorption such as vitamin C-rich foods.
• Consume 400 micrograms (mcg) per day of synthetic folic acid (from fortified foods and/or supplements) in addition to food forms of folate from a varied diet.

Women who are pregnant or breastfeeding
• Consume 8 to 12 ounces of seafood per week from a variety of seafood types.
• Due to their high methyl mercury content, limit white (albacore) tuna to 6 ounces per week and do not eat the following four types of fish: tilefish, shark, swordfish, and king mackerel.
• If pregnant, take an iron supplement, as recommended by an obstetrician or other health care provider.

Individuals ages 50 years and older
• Consume foods fortified with vitamin B12, such as fortified cereals, or dietary supplements.

BUILDING HEALTHY EATING PATTERNS
• Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.
• Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern.
• Follow food safety recommendations when preparing and eating foods to reduce the risk of foodborne illnesses.

Further information:

PRINCIPLES FOR PROMOTING CALORIE BALANCE AND WEIGHT MANAGEMENT
The behaviors with the strongest evidence related to body weight include:
• Focus on the total number of calories consumed.
• Monitor food intake.
• When eating out, choose smaller portions or lower-calorie options.
• Prepare, serve, and consume smaller portions of foods and beverages, especially those high in calories.
• Eat a nutrient-dense breakfast.
• Limit screen time.
ADEQUATE NUTRIENTS WITHIN CALORIE NEEDS: KEY RECOMMENDATIONS

- Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol.
- Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the USDA Food Guide or, if directed by a Physician, the DASH (Dietary Approaches to Stop Hypertension) Eating Plan.

WEIGHT MANAGEMENT: KEY RECOMMENDATIONS

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.
- To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.
- Make water the primary beverage, and drink the equivalent of eight glasses a day.

PHYSICAL ACTIVITY: KEY RECOMMENDATIONS

- Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.
  - To reduce the risk of chronic disease in adulthood: Engage in at least 150 minutes of moderate-intensity physical activity, above usual activity, at work or home per week.
  - Engage in strength training exercises three days a week.
  - For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.
  - To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.
  - To sustain weight loss in adulthood: Participate in at least 60–90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a healthcare provider before participating in this level of activity.
- Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.

FOOD GROUPS TO ENCOURAGE: KEY RECOMMENDATIONS

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2½ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week. Encourage choosing a variety of brightly colored orange and dark green varieties at least 3 cups per week of each group.
• Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from whole grain or enriched products. In general, at least half the grains should come from whole grains (whole wheat flour, bulgur, oatmeal, brown rice, whole cornmeal, buckwheat, popcorn).
• Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

FATS: KEY RECOMMENDATIONS
• Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans fatty acid consumption as low as possible or eliminate it.
• Keep total fat intake between 20–35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
• When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.
• Limit intake of fats and oils high in saturated and/or trans fatty acids, and choose products low in such fats and oils.

CARBOHYDRATES: KEY RECOMMENDATIONS
• Choose fiber-rich fruits, vegetables, and whole grains often. Strive to meet the guideline of 25–35 grams per day.
• Choose beverages with no added sugars, and prepare foods with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan (if doctor recommended).
• Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

SODIUM AND POTASSIUM: KEY RECOMMENDATIONS
• Consume less than 2,300 mg (approximately 1 tsp of salt) of sodium per day.
• Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

ALCOHOLIC BEVERAGES: KEY RECOMMENDATIONS
• Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men.
• Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
• Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.
FOOD SAFETY: KEY RECOMMENDATIONS

- To avoid microbial foodborne illness:
  - Clean hands, food contact surfaces, and fruits and vegetables. Meat and poultry should not be washed or rinsed.
  - Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods.
  - Cook foods to a safe temperature to kill microorganisms.
  - Chill (refrigerate) perishable food promptly and defrost foods properly.
  - Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.

The Medical Advisory Committee endorses these general guidelines, and urges YMCAs to use them in educating members and the community on nutrition and physical activity and when planning food and/or snacks in YMCA programs.

The final chapter of the 2010 Dietary Guidelines is a call to action: “Ultimately, Americans make their own food and physical activity choices at the individual (and family) level. In order for Americans to make healthy choices, however, they need to have opportunities to purchase and consume healthy foods and engage in physical activity. Although individual behavior change is critical, a truly effective and sustainable improvement in the Nation’s health will require a multi-sector approach...to improve the food and physical activity environment. This type of approach emphasizes the development of coordinated partnerships, programs, and policies to support healthy eating and active living. Interventions should extend well beyond providing traditional education to individuals and families about healthy choices, and should help build skills, reshape the environment, and re-establish social norms to facilitate individuals’ healthy choices.”

For a copy of the 2010 U.S. Dietary Guidelines, the USDA’s “My Plate” Food Guidance System, and related information:

- www.dietaryguidelines.gov
- www.ChooseMyPlate.gov
- www.health.gov/paguidelines
- Let’s Move! www.letsmove.gov
- Healthy People www.healthypeople.gov
- U.S. National Physical Activity Plan www.physicalactivityplan.org

For related information, see the Medical Advisory Committee Recommendation, “Promoting Healthy Nutrition for Youth in YMCA Programs.”

October 2000
Revised April 2005
Updated June 2009
Updated February 2012
SPRINGBOARD DIVING GUIDELINES FOR YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Instructional and recreational springboard diving has been part of the aquatic program of YMCA of the USA for many years. Additionally, springboard diving is an integral feature of competitive aquatic events. Diving is a developmental component in many local YMCA swimming programs and represents an exciting and fun part of aquatics. However, because of liability insurance coverage and other concerns, many YMCAs are reevaluating springboard diving and the use of diving boards to determine whether they will continue to include diving skills and programs in YMCA pools.

The relationship of diving boards to water depth and the risk of serious, irreversible injury are of paramount importance and have been established through research of diving-related injuries. Although quality instruction and excellent supervision are critical elements of conducting any program safely, certain facility design and construction features also need to be considered in this instance. Many older YMCA pools were built to accommodate diving boards much less flexible and responsive than the modern springboards being used today. These springboards with moveable fulcrums propel the diver higher into the air and therefore deeper into the swimming pool or diving well and require greater water depth for safety. Modern springboards are designed for use in appropriate facilities by skilled divers and can be used safely with proper instruction and supervision. If, however, the use of these boards is not properly supervised, a potentially dangerous situation may exist.

The process to review and evaluate a YMCA's diving program usually starts as a recommendation from staff. A standing committee may be assigned the task of studying springboard diving, or a special committee could be organized for that purpose. In any case, program goals and objectives, safety and liability, equipment replacement, and construction or renovation should all be part of the review process. Members of the committee should have knowledge or expertise in the areas just mentioned. The following guidelines are offered to YMCAs examining the safety of their diving programs and facilities:

1. The minimum required water depth for a 1-meter diving board is 11 feet, and the preferred depth is 11' 6". Refer to the Springboard Diving section of the YMCA Aquatic Management manual (p. 496) for complete diving facility recommendations.
2. Supervise the diving board when in use by various groups, teams, or classes. Prohibit diving when the board is not supervised.
3. Train supervisors, instructors, and lifeguards in the proper way to use a diving board with emphasis on detecting potentially unsafe practices such as:
   a. The diver with more courage than common sense
   b. Divers who are fatigued, sometimes shown by signs of balking, knees buckling at takeoff, or erratic body control in the air
   c. Poor approaches toward the end of the board
   d. Diving head-first without the arms being used in an extended position
   e. Diving deep toward the bottom of the pool
   f. People attempting dives beyond their level of training
   g. Multiple bounces on the diving board
   h. Two or more divers on the board at the same time
   i. Diving either out too far or diving toward the sides of the pool
   j. Reckless diving or “splash” dives such as “can-openers” or “cannonball dives”

4. The diving area should be cordoned off with buoy line to prevent swimmers from being in the diving area.

5. Replace a modern springboard with a less flexible wood-core fiberglass board.

6. Replace a 14-, 16-, or 18-foot diving board with a shorter board that still meets the USA Diving recommendation of extending four feet eleven inches (4’ 11”) from the plummet (tip of the board) back to the pool wall.

7. Lock the diving board’s moveable fulcrum in the most forward position to minimize bounce and board flexibility.

8. Lower the height of the diving board stand to twenty inches (20”) above the surface of the water. While this change will effectively eliminate official competitive springboard diving, it will provide a safer environment for basic instruction and recreational diving.

9. Restrict the use of 3-meter diving boards to trained competitive divers under direct supervision of a qualified coach.

10. Post warning signs and diving board regulations prominently near the diving board.

11. Have an emergency action plan in place at your YMCA and be certain that YMCA lifeguards and aquatic staff are trained in emergency procedures, particularly spinal injury management.

If YMCAs are unable to meet these guidelines, removal of the diving board is recommended. While a decision such as this is ultimately the jurisdiction of the local YMCA, there are several resources that might be utilized in gathering information:

- YMCA of the USA (800-872-9622 or yexchange.org)
- The Program Store (800-747-0089 or www.ymcaprogramstore.com)
  - *On the Guard: The YMCA Lifeguard Manual*
  - *YMCA Aquatic Management: A Guide to Effective Leadership*
- The local YMCA’s liability insurance carrier
- FINA (Federation Internationale de Natation) at www.fina.org
- USA Diving at www.usadiving.org
- Other local YMCAs for information regarding their diving programs
For diving competitions in YMCA pools or involving YMCA divers, YMCA of the USA recommends following the USA Diving diving competition rules. USA Diving uses the FINA (Fédération Internationale de Natation) springboard diving dimensions, which state a minimum water depth of 3 meters (11’ 2.4") for a 1-meter board and a preferred depth of 3.5 meters (11’ 6"). Refer to the USA Diving Rulebook, Appendix B, for further facility dimension standards, as well as information on 3-meter boards and diving platforms, on the USA Diving website at the following link: www.usadiving.org/05redesign/resources/rulebook.htm.

Note: Several organizations (e.g., high schools) and state codes permit 10’ as a minimum depth for 1-meter springboard diving or qualify the depth for pools constructed prior to a certain date (grandfather), with deeper water required after that date.

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Revised April 2006
Reaffirmed February 2011
EATING DISORDERS

Statement of the YMCA of the USA Medical Advisory Committee

The alarming increase in the incidence of eating disorders is of great concern to many health and fitness professionals. More than 5 million Americans suffer from eating disorders, the majority of which begin during adolescence. An eating disorder is a disturbance in eating behavior to lose weight or achieve a lean appearance that jeopardizes a person’s physical or psychological health. They affect both men and women, although they are more common in women. These disorders stem in part from unrealistic standards for body weight and body proportions. Some athletes such as dancers, wrestlers, gymnasts, cyclists, distance runners, and swimmers strive for low body fat and are more vulnerable to eating disorders. Currently, the medical community recognizes three types of eating disorders, described below:

1. *Anorexia nervosa* is usually characterized by an extremely low body weight and a denial of both hunger and thinness. To individuals suffering from this disorder, eating normally feels “out of control” and a normal body shape and size often “feels fat.” People with anorexia are obsessed with resisting food and often engage in excessive exercise as a way to control both their eating and body weight. Anorexia nervosa can be fatal.

2. *Bulimia nervosa* is characterized by a cycle of binge eating and purging. Typically, large amounts of food are consumed prior to purging, which would include vomiting and using a diuretic or laxative. Similar to someone with anorexia, a person with bulimia is obsessed with thinness and preoccupied with food.

3. *Eating disorders not otherwise specified (EDNOS)* is used to describe individuals who do not fall into the diagnostic criteria for either anorexia or bulimia, but who account for about 50 percent of the population with eating disorders. Included in this classification is binge eating disorder, characterized by consumption of large amounts of food without purging, but with the same feelings of guilt and emotional trauma as seen in cases of anorexia or bulimia. Although individuals with this disorder are typically overweight or obese, not all overweight/obese individuals have a compulsive eating disorder. This is the least understood of the three eating disorder classifications.

Eating disorders lead to semi-starvation and dehydration, which can seriously jeopardize health. Restrictive eating behaviors can result in short- and long-term morbidity (including heart problems, temperature regulation problems, menstrual problems, etc.), decreased athletic performance, and even mortality. Acute and chronic psychological problems associated with these disorders include low self-esteem, anxiety, depression, and suicide.

Eating disorders are complex psychiatric illnesses, with a number of related nutritional and medical issues. Working with people with these illnesses is a difficult and delicate issue. On
the surface, it may not be easy to tell the difference between a member’s appropriate concern for a healthy body composition and an obsessive, destructive concern for being thin. Because many individuals with anorexia and bulimia exercise excessively to lose weight, these disorders may be recognized more readily in a health and fitness setting such as a YMCA. Once educated and taught to recognize the signs of anorexia and bulimia, YMCA staff members may become concerned when they notice member behavior and/or appearance that suggests an eating disorder. However, individuals with these disorders are protected under the Americans with Disabilities Act, so YMCA staff cannot illegally discriminate against them by taking such action as terminating their membership upon suspicion of an eating disorder.

YMCA staff should realize that they usually are not qualified to make a diagnosis of or treat an eating disorder and that even communicating a concern to a member is a difficult proposition. Individuals with eating disorders are often in such a high state of denial that any advice will go unheeded. They will typically resist any suggestions to exercise less; indeed, if they are not disruptive or causing harm to others in any way, it may be difficult if not impossible to stop them from exercising or engaging in unhealthy weight-control behavior. At best, a staff member who has a personal relationship with a member exhibiting signs of an eating disorder may be able to encourage the member to seek the advice of a specialist.

The YMCA of the USA Medical Advisory Committee recognizes that eating disorders are a serious problem and recommends that YMCA staff learn about recognizing the signs, symptoms, and risks of eating disorders. Medical evaluation of individuals suspected of an eating disorder is imperative, and teams of professionals who communicate regularly must provide appropriate care. Parents, physicians, nutrition specialists, psychiatrists, sports coaches, and health, fitness, and well-being staff all play important roles in helping individuals with eating disorders. The Committee further supports the role of YMCA staff in providing sound nutritional information and educational programs to all youth and adults involved with the Y to aid in the development of good nutritional practices, the prevention of eating disorders, and the promotion of healthy living among members and in the community.

REFERENCES

The Position Statement of the American Dietetic Association titled “Nutrition Intervention in the Treatment of Anorexia Nervosa, Bulimia Nervosa, and Eating Disorders Not Otherwise Specified (EDNOS),” available at www.adajournal.org/content/positionPapers (subscription required).

The Fall 1996 ACSM Current Comment from the American College of Sports Medicine titled “Eating Disorders” available at www.acsm.org/AM/Template.cfm?Section=Current_Comments1&Template=/CM/ContentDisplay.cfm&ContentID=8617.

For related information, see the following Medical Advisory Committee Recommendations:

“Guidelines for Adult Weight-Loss Programs”
“Dietary Guidelines for All Americans”
“Preventing and Decreasing Overweight and Obesity”
“Use of Alleged ‘Performance-Enhancing’ Supplements”
“Vitamin and Mineral Supplementation”

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PREVENTION AND CONTROL OF FECAL CONTAMINATION IN SWIMMING POOLS

Statement of the YMCA of the USA Medical Advisory Committee

With the large number of swimming pools and participants in YMCA aquatic programs, it is not uncommon for YMCAs to experience fecal accidents in those pools periodically. Until recently it was thought that a sufficient procedure for removing fecal matter was using a skimmer and adding extra doses of chlorine when this occurred. There was a level of confidence that chlorine would kill any bacteria, virus, or protozoa in the pool. A free residual chlorine level 1.0 ppm has usually been considered adequate to kill amoebic dysentery, herpes, hepatitis, impetigo, and thousands of other water borne diseases, realizing that some bacteria, such as staphylococcus auereus can develop a resistance to normal chlorine levels.

However, recent reports from health authorities across the United States indicate that disease organisms previously not associated with swimming pools have been identified in pool water and have caused significant public health problems. These outbreaks stemming from fecal contamination in pools include nematodes, giardia lamblia, and cryptosporidium parvum, all of which can become intestinal parasites. The difficulty with these three organisms is that they cannot be removed from any type of sand filter, and normal chlorine levels (1.0-2.0 ppm free residuals) will not eliminate them. Because of this, lifeguards and aquatic directors must take aggressive action to prevent the possible development of disease among members and participants when fecal contamination occurs.

The best defense against an outbreak of intestinal disease in a pool is to establish a series of preventive measures. The following procedures for prevention of fecal contamination are recommended for all YMCA aquatic facilities. YMCAs should also refer to local bathing codes if additional procedures are required. These recommendations are:

- Be sure your staff is trained and certified in the YMCA POOL (Pool Operator on Location) course.
- Maintain all components of the circulation, filtration, and disinfection system in good working condition.
- Use some form of chlorine as a disinfectant (i.e., CL2, gas, sodium hypochlorite or calcium hypochlorite).
- Maintain an effective chlorine residual: pool 2.0–3.0 ppm, whirlpool/spa 3.0–5.0 ppm, wading pool 2.0–3.0 ppm. Keep the pH between 7.2 and 7.5.
• Use a chemical feeder to dispense chlorine into the pool 24 hours a day. Never batch or hand feed chlorine.
• Operate the pool, whirlpool, and wading pool circulation system 24 hours a day.
• Test, adjust, and record chlorine and pH levels every 2 hours for pool and wading pools, once an hour for whirlpools.
• Calculate a Langelier Saturation Index once a week and adjust the balance to 0.
• Drain and scrub the walls and pool bottom once a year. If the pool cannot be drained because of a high water table, then dilute the old water from the pool by draining 1/3 of the pool water and refilling. Repeat this procedure 6 times to achieve the best result.
• Superchlorinate the pool once a month to a free residual of 5.0 ppm and then reduce the level back down to 2.0–3.0 ppm by using sodium thiosulfate penta hydrate (granular form) and adjust the pH to 7.2–7.5. Use the following formula to reduce the chlorine level:
  
  1.7 lb./100,000 gallons reduces free CL2 by 2.0 ppm
  2.7 oz./10,000 gallons reduces free CL2 by 2.0 ppm
  .017 lbs./1000 gallons reduces free CL2 by 2.0 ppm
• Avoid the use of stabilized chlorine if possible.
• Establish and enforce personal hygiene rules for the pool and whirlpool:
  1. A soap and warm water shower is required before using the pool or whirlpool.
  2. After using the whirlpool, a soap and warm water shower is required before entering the swimming pool.
  3. Infants, preschool children, and adults who may experience incontinence must use some form of diaper that keeps fecal material inside the diaper.
• Provide diaper changing stations in both the men’s and women’s dressing rooms for parents or caregivers with infant responsibilities.
• Install “child acceptable” toilet facilities and strongly recommend to parents and caregivers that they encourage their use before bringing toddlers and preschool age children into the pool for instruction and recreational swimming.
• Add a rule to facility behavioral signs requesting that anyone currently experiencing diarrhea not use the pool, wading pool, or spa.
• When rehabilitating an old pool or building a new pool, spa, or wading pool, install a circulation system with a maximum of a 6 hour turnover for pools, two hours for wading pools, and 30 minutes or less for spas. Give strong consideration to the installation of any form of diatomaceous earth filter (vacuum, pressure, or regenerative cycle).
• Be sure that spray pools for toddlers and preschoolers do not have any standing water or untreated recirculating water.
• Educate patrons on prevention of disease transmission and water safety. The Center for Disease Control recommends the following educational tips:
  1. Do not swim if you have diarrhea (people can spread germs in the pool without having an “accident”).
  2. Do not drink the pool water (Remember: it’s everybody’s bath water and chlorine doesn’t kill all germs).
  3. Do wash your hands thoroughly with soap and water after using the bathroom. (Germs on hands end up everywhere, including the water.)
4. Do notify the lifeguard if you see feces in the pool or if you see behaviors, such as changing a diaper at poolside, which may spread disease.

5. If you’re a parent or caregiver:
   - Do take your child on bathroom breaks often.
   - Do change diapers, in a bathroom, not at poolside. (Germs can contaminate surfaces and objects around the pool and spread disease.)
   - Do wash your hands thoroughly with soap and water after changing diapers and make sure that your child’s hands are washed.
   - Do wash your child thoroughly (especially his or her bottom) with soap and water before swimming.
   - Do not count solely on swim diapers or pants to stop accidents from leaking into the pool. (These products are not leak proof.)
   - If you have questions about the diseases or think you have a parasitic infection, consult a health care provider.

From: Centers for Disease Control and Prevention; National Center for Infectious Diseases; Division of Parasitic Disease, "Prevention tips: Invisible pool guests can cause kids to get sick,” August 1999.

STRATEGIES FOR DEALING WITH A VISIBLE EPISODE OF FECAL OR VOMITUS CONTAMINATION

WHAT DO I DO ABOUT...

<table>
<thead>
<tr>
<th>formed stool in the pool?</th>
<th>diarrhea in the pool?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formed stools can act as a container for germs. If the fecal matter is solid, removing the feces from the pool without breaking it apart will limit the degree of pool contamination. In addition, RWIs are more likely to be spread when someone who is ill with diarrhea has a fecal incident in the pool.</td>
<td>Those who swim when ill with diarrhea place other swimmers at significant risk for getting sick. Diarrheal incidents are much more likely than formed stool to contain germs. Therefore, it is important that all pool managers stress to patrons that swimming when ill with diarrhea is an unhealthy swimming behavior.</td>
</tr>
</tbody>
</table>

1. **For both formed-stool and diarrheal fecal incidents**, close the pool to swimmers. If you have multiple pools that use the same filtration system—all pools will have to be closed to swimmers. Do not allow anyone to enter the pool(s) until the disinfection process is completed.

2. **For both formed-stool and diarrheal fecal incidents**, remove as much of the fecal material as possible (for example, using a net or bucket) and dispose of it in a sanitary manner. Clean and disinfect the item used to remove the fecal material (for example, after cleaning, leave the net or bucket immersed in the pool during disinfection).

VACUUMING STOOL FROM THE POOL IS NOT RECOMMENDED.

3. Raise the free chlorine to 2 parts per million (ppm), if less than 2 ppm, and ensure pH 7.5 or less and a temperature of 77°F (25°C) or higher. This chlorine concentration was selected to keep the pool closure time to approximately 30 minutes. Other concentrations or closure times can be used as long as the contact time (CT) inactivation value* is achieved (see next page).

3. If necessary, before attempting the hyperchlorination of any pool, consult an aquatics professional to determine the feasibility, the most optimal and practical methods, and needed safety considerations.
4. Maintain free chlorine concentration at 2 ppm and pH 7.5 or less for at least 25 minutes before reopening the pool. State or local regulators may require higher free chlorine levels in the presence of chlorine stabilizers, which are known to slow disinfection. Ensure that the filtration system is operating while the pool reaches and maintains the proper free chlorine concentration during the disinfection process.

4. Raise the free chlorine concentration to 20 ppm and maintain pH 7.5 or less and a temperature at 77°F (25°C) or higher. The free chlorine and pH should remain at these levels for at least 12.75 hours to achieve the CT inactivation value of 15,300.**

** Crypto CT inactivation values are based on killing 99.9% of Crypto. This level of Crypto inactivation cannot be reached in the presence of 50 ppm chlorine stabilizer, even after 24 hours at 40 ppm free chlorine, pH 6.5, and a temperature of 77°F (25°C).†† Extrapolation of these data suggest it would take approximately 30 hours to kill 99.9% of Crypto in the presence of 50 ppm or less cyanuric acid, 40 ppm free chlorine, pH 6.5, and a temperature of 77°F (25°C) or higher.

5. Confirm that the filtration system is operating while the water reaches, and is maintained, at the proper chlorine level for disinfection.

6. Backwash the filter after reaching the CT inactivation value. Be sure the effluent is discharged directly to waste and in accordance with state or local regulations. Do not return the backwash through the filter. Where appropriate, replace the filter media.

7. Allow swimmers back into the water only after the required CT inactivation value has been achieved and the free chlorine and pH levels have been returned to the normal operating range allowed by the state or local regulatory authority.

Establish a fecal incident log. Document each fecal incident by recording date and time of the event, whether it involved formed stool or diarrhea, and the free chlorine and pH levels at the time or observation of the event. Before reopening the pool, record the free chlorine and pH levels, the procedures followed in response to the fecal incident (including the process used to increase chlorine levels if necessary), and the contact time.

* CT inactivation value refers to concentration (C) of free chlorine in ppm (or mg/L) multiplied by time (T) in minutes at a specific pH and temperature.

† Chlorine stabilizers include compounds such as cyanuric acid, dichlor, and trichlor.

§ Many conventional test kits cannot measure free chlorine levels this high. Use chlorine test strips that can measure free chlorine in a range that includes 20–40 ppm (such as those used in the food industry) or make dilutions with chlorine-free water when using a standard DPD test kit.

⁵ If pool operators want to use a different free chlorine concentration or inactivation time, they need to ensure that CT inactivation values always remain the same (see next page for examples of how to accomplish this).


It is important that YMCA pool operators discuss this matter with their state or local health department for their recommendations and to determine procedures to follow. Additionally, it is recommended that YMCAs review the procedures with their medical advisory committee.


**BIBLIOGRAPHY**


EXERCISE AND FLUID REPLACEMENT

Statement of the YMCA of the USA Medical Advisory Committee

Maintaining the hydration of the body is important for exercisers. Individuals will fatigue earlier and lose coordination skills when they lose as little as 2 percent of body weight due to perspiration. This may not be a major concern for many members of the YMCA who do not exercise long enough or intensely enough to lose significant amounts of sweat. However, when the exercise is prolonged (>1 hour), when the intensity of exercise is high, when it is hot (and especially humid), or when there is a great deal of perspiration, then the concern regarding dehydration should be greater. To prevent dehydration, exercising individuals should consume adequate amounts of fluid (especially water) before, during, and after an exercise session.

Relying on one’s thirst is not always a reliable indicator of when fluids need replacing. YMCA members and program participants should be educated that when exercising, their bodies require fluid replacement even though they may not feel thirsty. While sports drinks have gained popularity in recent years, consumers should be aware that they contain calories and that for the large majority of exercisers in YMCAs, water provides adequate hydration without any calories. Sports drinks can be useful when events or workouts last more than an hour or take place in hot or humid conditions.

The American College of Sports Medicine (ACSM) has issued recommendations for fluid replacement by exercisers and athletes (2007). Following are five of ACSM’s guidelines that are most applicable to YMCAs:

- Individuals should consume a nutritionally balanced diet and drink adequate fluids during the 24-hour period before an exercise event, especially during the period that includes the meal prior to exercise, to promote proper hydration before exercise and competition.
- Individuals (adults should drink about 500 ml (17 ounces) of fluid at least four hours before exercise to promote adequate hydration and allow time for excretion of excess ingested water. Some individuals may find it helpful to drink water up to half an hour before exercising.
- During exercise, individuals should start drinking early and at regular intervals in an attempt to consume fluids at a rate sufficient to replace all the water lost through sweating (i.e., body weight loss).
- Ingested fluids should be 15°C–21°C (59°F–72°F). Some people may find that flavored waters or sports drinks may be more palatable and promote fluid replacement. Fluids
should be readily available and served in containers that allow adequate volumes to be ingested with ease and with minimal interruption of exercise.

- Addition of proper amounts of carbohydrates and/or electrolytes to a fluid replacement solution is recommended for exercise events of duration greater than one hour since it does not significantly impair water delivery to the body and may enhance performance. During exercise lasting less than one hour, there is little evidence of physiological or physical performance differences between consuming a carbohydrate-electrolyte drink (for example, a sports drink) and plain water.

These guidelines apply to both youth and adults, with the main difference being that the recommended volume of fluids consumed should be less for youth than for adults, and that children should be more closely monitored by staff. However, because children are smaller, their body temperature will rise faster and go higher when the environment is warm (and especially humid). Therefore, children and youth should be encouraged to drink more often. During prolonged physical activity and especially in the heat, children in sports or camp programs should always have water or sports drinks available and should be encouraged to drink water every 20 minutes or so—half a cup for kids under 12, and up to a whole cup for older kids. Frequent rests in shaded areas are also important and should be scheduled by staff. Staff should be aware of the signs and symptoms of heat exhaustion, which are covered in basic first-aid training from nationally recognized organizations.

*Sports drinks may be helpful for children who engage in intense physical activity for an hour or longer and/or are engaged in a physical activity in high heat or humidity.*

YMCA should refer to the Medical Advisory Committee statement “Promoting Healthy Nutrition for Youth in YMCA Programs” for more complete information on recommended nutritional practices for young people.

The YMCA of the USA Medical Advisory Committee agrees with the ACSM position stand “Exercise and Fluid Replacement.” The statement reinforces the YMCA of the USA Medical Advisory Committee’s position, and it is recommended that YMCA use the document as an educational tool with members and program participants.

For a copy of the ACSM position stand “Exercise and Fluid Replacement,” visit the ACSM website [www.acsm.org](http://www.acsm.org) (see “Position Stands”).

**REFERENCE**


November 1999
Revised January 2004
Revised May 2007
Revised March 2008
Revised May 2010
FOOD SAFETY AND SANITATION

Statement of the YMCA of the USA Medical Advisory Committee

Food safety and sanitation are important aspects of providing healthy food in YMCAs, particularly for children in child care and camping programs. Improper food preparation, handling, or storage can quickly result in food being contaminated with germs that may lead to illness, such as diarrheal diseases, if the contaminated food is eaten. While the majority of food items that cause foodborne diseases are undercooked foods of animal origin—such as meat, milk, eggs, cheese, and shellfish—in recent years, significant outbreaks have been traced to fruits, vegetables, and unpasteurized juices.

More than 250 different diseases have been described that can be caused by contaminated food or drink. The most common foodborne diseases are infections caused by bacteria, such as salmonella and campylobacter, the Norwalk family of viruses, or hepatitis A. Some foodborne diseases such as botulism and trichinosis are becoming less common, while others such as salmonellosis are becoming more common. As an example, one strain of Escherichia (E.) coli bacteria, E. coli O157:H7, is an emerging cause of foodborne illness. It causes one of the most serious digestive tract infections in the United States. Symptoms include abdominal cramps and diarrhea, usually with little or no fever. Infection with this strain can cause mild illness or severe bloody diarrhea, and occasionally, kidney failure. In some instances, infection may result in widespread breakdown of red blood cells leading to an often fatal kidney disease. Thus, the spectrum of foodborne disease is changing. New infections not previously known to be foodborne diseases are emerging.

The 2009 Food and Water Safety Position Statement of the American Dietetic Association (ADA) asserts that "the public has the right to a safe food and water supply. The Association supports collaboration among food and nutrition professionals, academics, representatives of the agricultural and food industries, and appropriate government agencies to ensure the safety of the food and water supply by providing education to the public and industry, promoting technological innovation and applications, and supporting further research.” The YMCA of the USA Medical Advisory Committee endorses this statement. Further, YMCAs should be in compliance with local health department codes, program accreditation guidelines, and licensing regulations as they apply to facilities, child care programs, and camps. YMCAs should also adhere to the following guidelines, based on information from the Centers for Disease Control and Prevention (CDC), to prevent food spoilage and the transmission of foodborne infections:

- Thorough cooking kills almost all foodborne bacteria, viruses, and parasites, and is the single most important step in preventing foodborne disease.
• Keep food at safe serving and storage temperatures at all times to prevent spoiling. Food should be kept at 40°F or colder, or at 140°F or warmer. The range between 40°F and 140°F is considered the “danger zone” because bacteria grow most easily within this range. Leftovers, including hot foods such as soups or sauces, should be refrigerated immediately and should not be left to cool at room temperature. Frozen foods should be thawed in the refrigerator (not on countertops) or in sinks with cold water (not with hot or warm water).

• Wash all produce. Rinse fresh fruits and vegetables in running tap water to remove visible dirt and grime. Remove and discard the outermost leaves of lettuce or cabbage. Do not slice fruits and vegetables on cutting boards or with knives that have been used to slice meats and have not been cleaned. Avoid leaving cut produce at room temperature for many hours.

• Do not serve unpasteurized juices.

• Use only approved food preparation equipment, dishes, and utensils; check with local child care licensing regulations. Only use cutting boards that can be disinfected (made of nonporous materials such as glass, Formica, or plastic). Use separate boards for ready-to-eat foods (including foods to be eaten raw) and for foods that are to be cooked (such as meats).

• Always wear gloves and use proper hand washing techniques when handling food. Following standard precautions for infection control, including proper hand washing, is important for everyone in a child care setting, but is especially necessary for food handlers to prevent the spread of infections or contamination of the food.

• Always wear gloves and wash hands when changing diapers. In a large child care setting, food handlers should not change diapers and should avoid other types of contact that may contaminate their hands with infectious secretions. This may not be practical in a small child care setting in which the provider must also prepare the food. In this case, wearing gloves and proper hand washing are essential.

• Do not prepare or serve food if you have unusually loose stools or any other gastrointestinal symptoms, infected skin sores or injuries, or open cuts. Small, uninfected cuts may be covered with nonporous, latex gloves.

• Supervise meal and snack times to make sure children do not share plates, utensils, or food that is not individually wrapped.

• Eating utensils that are dropped on the floor should be washed with soap and water before using.

• Discard food that is dropped on the floor and remove leftovers from the eating area after each snack or meal.

• Clean, sanitize, and properly store food service equipment and supplies. Use only utensils and dishes that have been washed in a dishwasher or, if washed by hand, with sanitizers and disinfectants approved for this use. Otherwise, use disposable, single-use articles that are discarded after each use.

• After each use, clean and sanitize table tops on which food is prepared or served.

Only accept expressed breast milk that is fresh and properly labeled with the child’s name. Expressed breast milk should accompany the child on the day it is to be used. Do not store breast milk at the facility overnight; send any unused breast milk home with the child’s caregiver or discard.
Food brought from home and intended for sharing in a child care setting can only include whole fruit or food that is commercially prepared.

Each individual child’s food brought from home should be clearly labeled with the child’s name and the date. It should be stored at an appropriate temperature until it is eaten and never fed to another child.

Children should wash their hands before handling any food.

Raw eggs can be contaminated with salmonella. No foods containing raw eggs should be served, including homemade ice cream made with raw eggs.

**ADDITIONAL SOURCES OF INFORMATION**

- American Dietetic Association’s Position Statement on Food and Water Safety is available online at [www.eatright.org/About/Content.aspx?id=8362](http://www.eatright.org/About/Content.aspx?id=8362).
- Information from the Centers for Disease Control and Prevention (CDC) on food safety and related issues such as salmonellosis, campylobacteriosis, trichinosis, and viral hepatitis, as well as on foodborne disease outbreaks, can be obtained from the CDC website [www.cdc.gov/foodsafety](http://www.cdc.gov/foodsafety).
- Questions about the safety of a specific food can be answered by the FDA Center for Food Safety and Applied Nutrition SafeFood information line: 888-723-3366.
- Other questions about the safe handling of food can be addressed to your county health department or county extension home economist.

For related information, see the Medical Advisory Committee Recommendations, “Cytomegalovirus in YMCA Child Care Centers” and “Methicillin-Resistant Staphylococcal Aureas (MRSA) Skin Infections.”

**REFERENCES**


October 1998
Revised April 2003
Revised November 2007
Revised March 2008
Reaffirmed February 2011
PREVENTION OF HEAD, MOUTH, AND EYE INJURIES IN SPORTS

Statement from the YMCA of the USA Medical Advisory Committee:

Protective safety equipment has been developed and recommended for many different sports to help prevent and reduce the severity of injuries. Health professionals and health-related sports organizations often recommend the use of safety equipment in response to research identifying a high risk of injury in a particular sport.

HELMETS

Sports and certain types of recreation account for many traumatic brain injuries, including concussions. Wearing a helmet is important when engaging in such activities. Helmets are designed and have been proven to prevent or reduce the severity of brain injuries and impact injuries to the head.

The YMCA of the USA Medical Advisory Committee strongly recommends that participants wear helmets or head guards when playing sports that have a high risk of head injury, including baseball, bicycling, equestrian sports, football, hockey, in-line skating, lacrosse, rugby, skateboarding, skiing, softball, and wrestling. There is insufficient research at this time to demonstrate that use of head guards reduces concussions, although they may prevent scalp abrasions and lacerations. Further, since a universal helmet has not yet been developed, it is strongly suggested that participants wear a helmet that has been specifically designed for the sport in which they are engaged.

All helmets used for sports and other activities that have a risk of head injury should meet the industry standards set by the National Operating Committee on Standards for Athletic Equipment (NOCSAE), the American Society for Testing and Materials (ASTM), the American National Standards Institute (ANSI), or a similar organization.

PROTECTIVE EYEWEAR

Sports and recreational activities, particularly baseball, basketball, lacrosse, and racquet sports, cause many eye injuries each year. Most of these injuries could be prevented through the use of protective eyewear. The YMCA of the USA Medical Advisory Committee strongly recommends that participants in YMCA sports and activities that involve risk of eye injury use protective eyewear approved by the American Society for Testing and Materials (ASTM) for the specific activity in which they are engaging. Specifically, the use of a closed polycarbonate eye guard is recommended. Open eye guards often fail to protect the eyes from injury and may actually increase the potential for injury. During YMCA-sponsored
programs or events, it is recommended that the local and host YMCAs require the use of appropriate eye protection.

**MOUTH GUARDS**

According to the American Dental Association (ADA), the use of face guards and mouth guards prevents about 200,000 injuries each year in organized high school and college football alone. Though few other scholastic sports require mouth guard use, the ADA advocates that people wear mouth guards while playing any sport that poses a risk to the head, face, or mouth as a result of

- head-to-head contact,
- hazardous falls,
- clenching of teeth, or
- flying pieces of equipment.

The YMCA of the USA Medical Advisory Committee supports the ADA recommendation and strongly recommends that YMCAs encourage athletes to wear mouth guards when participating in sports involving any of the above risk factors.

For additional information on sports safety for youth, the YMCA of the USA Medical Advisory Committee recommends that you access the following resources:

- American Academy of Pediatrics, Policy Statement: Protective Eyewear for Young Athletes: [http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/3/619](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/3/619).

May 1995
Revised October 1995
Revised April 2000
Revised November 2004
Revised November 2009
HEADING IN YMCA YOUTH SOCCER PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

Soccer is one of the most popular youth sports activities in YMCAs across the country. Striking the soccer ball with the head (heading) is part of the game. There is concern that heading may cause injuries to young players, including injuries to the brain, skull, neck, and spine. However, a critical review of the literature does not support the argument that purposeful heading is likely to lead to either acute or cumulative brain damage, and additional study is necessary to confirm evidence of neuropsychological consequences of sub-concussive soccer-related head-to-ball contacts.

The YMCA of the USA Medical Advisory Committee recommends that heading in soccer be introduced and taught to players at the appropriate age and time. Teaching the skill of heading before a child has developed the required strength and coordination for proper heading or using improper heading technique at any age may expose a player to certain temporary or long-term risks.

The YMCA of the USA Youth Super Sports Soccer program recommends that the teaching and/or practicing of heading be done only with youth age 12 and over. As the level of play advances and the participants’ skills increase, proper heading techniques need to be introduced progressively to prepare the player for proper execution. It is recommended that proper techniques first be learned through the use of softer, Nerf™, or inflatable balls, thus avoiding unnecessary, repetitive heading of a regulation soccer ball. Further, a lighter, less dense soccer ball is preferable in games and practices as proper techniques are being learned. YMCA staff and coaches should refer to the manual YMCA Champions: Soccer for information on how to teach proper heading technique. Although proper technique is foremost in reducing the risk of headaches or head injury from heading the ball, it is also imperative that soccer balls be water resistant, be sized appropriately for age, and not be hyperinflated.

It should be noted that soccer is not the leading source of sports injuries to the head and neck, so the act of heading should be regarded within a complete context of risk. Studies related to soccer do indicate that head-to-head contact among players, head contact with the ground, and head contact with goalposts and other associated playing equipment pose a greater risk than the simple act of heading the ball. These kinds of risk are associated with most outdoor team sports.
Heading causes more apprehension than any other soccer skill, particularly with younger players. Therefore, the coach needs to be aware of this apprehension and the poor technique that may result. Players who demonstrate a fear of the ball should not be forced to head the ball before they are ready. Following are some general guidelines for heading:

- Introduce heading no earlier than age 12.
- Teach the skill correctly using lighter, softer balls, and ensure players are using proper technique.
- Never force a player to head the ball.
- Discontinue heading any time a child displays signs of a head injury or complains of headache, dizziness, or other symptoms of head injury.

For information on concussions in youth sports program, see the Centers for Disease Control and Prevention’s tool kit, *Heads Up: Concussion in Youth Sports* at [www.cdc.gov](http://www.cdc.gov).

**REFERENCES**


For related information, refer to the YMCA of the USA Medical Advisory Committee statement, “Prevention of Head, Mouth, and Eye Injuries in Sports.”
PREACTIVITY HEALTH SCREENING IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA provide exercise facilities and programs and perform physical fitness evaluations for a diverse population of adult members. To minimize potential risk during exercise participation or testing, preactivity health screening should be administered by YMCAs in keeping with the guidelines established by the American College of Sports Medicine (ACSM) and the American Heart Association (AHA).

ACSM and AHA have jointly published a scientific statement titled “Recommendations for Cardiovascular Screening, Staffing, and Emergency Policies at Health/Fitness Facilities,” which calls for preactivity cardiovascular-risk screening that is simple and easy to perform for all new members and participants to identify persons at high risk. In addition, ACSM has developed specific guidelines to determine when medical evaluation prior to exercise participation and exercise testing is appropriate; these guidelines were published in ACSM’s Guidelines for Exercise Testing and Prescription (8th edition, 2009). The YMCA of the USA Medical Advisory Committee recommends that YMCA executives and health and exercise staff review these publications, become knowledgeable about their content for potential application in their operations, and determine their procedures for preactivity screening and medical evaluation according to these guidelines.

Consistent with the ACSM guidelines, the YMCA of the USA Medical Advisory Committee specifically recommends that all YMCA adult members and program participants be given a self-administered form such as the Physical Activity Readiness Questionnaire (PAR-Q) as a minimum screening procedure at the time of beginning a program involving physical activity. The PAR-Q consists of seven health questions and was designed to identify adults for whom physical activity might be inappropriate and those who should have a medical evaluation to determine what type of activity is suitable for them.

The YMCA of the USA Medical Advisory Committee further recommends that YMCAs educate members to take responsibility for their own health and well-being. In particular, YMCAs should remind members through appropriate signage and notices that the PAR-Q is valid for a maximum of 12 months from the date it is completed and becomes invalid at any point that the person’s health status changes in such a way as to change his or her answer to any of the seven questions on the PAR-Q.
For a copy of the joint ACSM/AHA Position Stand “Recommendations for Cardiovascular Screening, Staffing and Emergency Policies at Health/Fitness Facilities” (1998), visit the ACSM website at www.acsm-msse.org and look under “Positions & Consensus Statements.”


A copy of the PAR-Q is posted at https://yexchange.org/ProgramAdministration/Resources/PAR-Q.pdf.

Revised December 2005
Revised November 2009
HEALTH/FITNESS FACILITY STANDARDS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA's that include health and fitness facilities and programs should ensure that all activities are held in what is considered a safe environment and are conducted in an appropriate manner. To that end, the American College of Sports Medicine (ACSM) in its publication, *Health/Fitness Facility Standards and Guidelines*, 4th edition, (2012) has identified thirty-four standards to which all health and fitness facilities should adhere. These standards represent base performance criteria that each facility must meet in order to satisfy its obligation to members and users related to the safety of facilities and activities.

The twenty-one standards of care for all health/fitness facilities identified by the ACSM are:

1. Facility operators shall offer a general pre-activity screening tool (e.g., Par-Q) and/or specific pre-activity screening tool (e.g., health risk appraisal [HRA], health history questionnaire [HHQ]) to all new members and prospective users.

2. General pre-activity screening tools (e.g., PAR-Q) shall provide an authenticated means for new members, and/or users to identify whether a level of risk exists that indicates that they should seek consultation from a qualified healthcare professional prior to engaging in a program of physical activity.

3. All specific pre-activity screening tools (e.g., HRA, HHQ) shall be reviewed and interpreted by qualified staff (e.g., a qualified health/fitness professional or healthcare professional), and the results of the review and interpretation shall be retained on file by the facility for a period of at least one year from the time the tool was reviewed and interpreted.

4. If a facility operator becomes aware that a member, user, or prospective user has a known cardiovascular, metabolic, or pulmonary disease, or two or more major cardiovascular disease risk factors, or any other self-disclosed medical concern, that individual shall be advised to consult with a qualified healthcare provider before beginning a physical activity program.

5. Facilities shall provide a means for communicating to existing members (e.g., those who have been members for greater than 90 days) the value of completing a general and/or specific pre-activity screening tool on a regular basis (e.g., preferably once annually) during the course of their membership. Such communication can be done through a variety of mechanisms, including but not limited to a statement incorporated into the membership agreement of the facility, a statement on the new member pre-activity screening form, and a statement on the website.
6. Once a new member or prospective user has completed a pre-activity screening process, facility operators shall then offer the new member or prospective user a general orientation to the facility.

7. Facilities shall provide a means by which members and users who are engaged in a physical activity program within the facility can obtain assistance and/or guidance with their physical activity program.

8. Facility operators must have written emergency response policies and procedures, which shall be reviewed regularly and physically rehearsed at least twice annually. These policies shall enable staff to respond to basic first-aid situations and emergency events in an appropriate and timely manner.

9. Facility operators shall ensure that a safety audit is conducted that routinely inspects all areas of the facility to reduce or eliminate unsafe hazards that may cause injury to employees and health/fitness facility members or health/fitness facility users.

10. Facility operators shall have a written system for sharing information with members and users, employees, and independent contractors regarding the handling of potentially hazardous materials, including the handling of bodily fluids by the facility staff in accordance with the guidelines of the U.S. Occupational Safety and Health Administration (OSHA).

11. In addition to complying with all applicable federal, state, and local requirements relating to automated external defibrillators (AEDs), all facilities (e.g., staffed or unstaffed) shall have as part of their written emergency response policies and procedures a public access defibrillation (PAD) program in accordance with generally accepted practice, as highlighted in this section.

12. AEDs in a facility shall be located within a 1.5-minute walk to any place an AED could be potentially needed.

13. A skills review, practice sessions, and a practice drill with the AED shall be conducted a minimum of every six months, covering a variety of potential emergency situations (e.g., water, presence of a pacemaker, medications, children).

14. A staffed facility shall assign at least one staff member to be on duty during all facility operating hours who is currently trained and certified in the delivery of cardiopulmonary resuscitation and in the administration of an AED.

15. Unstaffed facilities must comply with all applicable federal, state, and local requirements relating to AEDs. Unstaffed facilities shall have as part of their written emergency response policies and procedures a PAD program as a means by which either members and users or an external emergency responder can respond from time of collapse to defibrillation in four minutes or less.

16. The health/fitness professionals who have supervisory responsibility and oversight responsibility for the physical activity programs and the staff who administer them shall have an appropriate level of professional education, work experience, and/or certification. Examples of health/fitness professionals who serve in a supervisory role include the fitness director, group exercise director, aquatics director, and program director.

17. The health/fitness and healthcare professionals who serve in counseling, instruction, and physical activity supervision roles for the facility shall have an appropriate level of professional education, work experience, and/or certification. The primary professional staff and independent contractors who serve in these roles are fitness instructors, group exercise instructors, lifestyle counselors, and personal trainers.
18. Health/fitness and healthcare professionals engaged in pre-activity screening or prescribing, instructing, monitoring, or supervising of physical activity programs for facility members and users shall have current automated external defibrillation and cardiopulmonary resuscitation (AED and CPR) certification from an organization qualified to provide such certification. A certification should include a practical examination.

19. Facilities shall have an operational system in place that monitors, either manually or technologically, the presence and identity of all individuals (e.g., members and users) who enter into and participate in the activities, programs, and services of the facility.

20. Facilities that offer a sauna, steam room, or whirlpool shall have a technical monitoring system in place to ensure that these areas are maintained at the proper temperature and humidity level and that the appropriate warning systems and signage are in place to notify members and users of any risks related to the use of these areas, including subsequent unsafe changes in temperature and humidity.

21. Facilities that offer members and users access to a pool or whirlpool shall provide evidence that they comply with all water-chemistry safety requirements mandated by state and local codes and regulations.

22. A facility that offers youth services or programs shall provide evidence that it complies with all applicable state and local laws and regulations pertaining to their supervision.

23. When a child is under direct staff supervision of a facility, as a participant in either an organized activity or in an ongoing facility program, or is just under temporary staff supervision while the parent or legal guardian is using the facility, the responsible staff person shall have ready access to the child’s basic medical information, which has been previously collected from the parent as part of the child registration process.

24. The registration policy of a facility that provides child care shall require that parents or guardians of all children left in the facility’s care complete a waiver, an authorization for emergency medical care, and a release for the children whom they leave under the temporary care of the facility.

25. The facility shall require that parents and guardians provide the facility with names of persons who are authorized by the parent or legal guardian to pick up each child. The facility shall not release children to any unauthorized person, and furthermore, the facility shall maintain records of the date and time each child checked out and was dropped off and the name of the person to whom the child was released.

26. Facilities shall have written policies regarding children’s issues, such as requirements for staff providing supervision of children, age limits for children, restroom practices, food, and parental presence on site. Facilities shall inform parents and guardians of these policies and require that parents and guardians sign a form that acknowledges that they have received the policies, understand the policies, and will abide by the policies.

27. Facilities, to the extent required by law, must adhere to the standards of building design that relate to the designing, building, expanding, or renovating of space as detailed in the Americans with Disabilities Act (ADA).

28. Facilities must be in compliance with all federal, state, and local building codes.

29. The aquatic and pool facilities must provide the proper safety equipment according to state and local codes and regulations.

30. Facility operators shall post proper caution, danger, and warning signage in conspicuous locations where facility staff know, or should know, that existing conditions and situations warrant such signage.
31. Facility operators shall post the appropriate emergency and safety signage pertaining to fire and related emergency situations, as required by federal, state, and local codes.
32. Facility operators shall post signage indicating the location of any AED and first-aid kits, including directions on how to access those locations.
33. Facilities shall post all ADA and OSHA signage that is required by federal, state, and local laws and regulations.
34. All cautionary, danger, and warning signage shall have the required signal icon, signal word, signal color, and layout as specified in ASTM F1749.

The YMCA of the USA Medical Advisory Committee supports the ACSM Standards for Health/Fitness Facilities, and recommends that YMCAs strive to implement these standards to ensure a safe health and fitness environment for their members. Together with their local Medical Advisory and Risk Management Committees, YMCA staff should review their practices and procedures at least annually in order to be in compliance with these standards. They further recommend that local YMCAs obtain a copy of ACSM’s Health/Fitness Facility Standards and Guidelines, 4th edition, (available from the publisher Human Kinetics at www.humankinetics.com) as a resource.

For related information, see the following Medical Advisory Committee Recommendation, “Preactivity Health Screening in YMCAs.”

REFERENCE

April 2002
Revised May 2007
Revised March 2008
Updated February 2012
THE PRESIDENT’S HEALTHIER US INITIATIVE

Statement of the YMCA of the USA Medical Advisory Committee

In June 2002, the President of the United States released a nationwide initiative to encourage all Americans to become healthier. This report, titled “Healthier US: The President’s Health and Fitness Initiative,” is based on the premise that increasing personal fitness and becoming healthier is critical to achieving a better and longer life. Extensive research has shown that improving overall health is as easy as making small adjustments and improvements in the activities of daily life. The long-term goal of the initiative is to have a positive impact on the dismal statistics which point to obesity-related illness as the cause of 300,000 deaths annually. The initiative has identified four key components for a healthier America:

- Be physically active every day
- Eat a nutritious diet
- Get preventive screening
- Make healthy choices

The YMCA movement has promoted the benefits of physical activity and a healthy lifestyle for over 100 years. With this new national impetus, YMCAs have a new opportunity to highlight their mission of helping all people develop in spirit, mind, and body into practice through program and services that will enhance the quality of life for people through the communities which they serve.

The YMCA of the USA Medical Advisory Committee strongly endorses the President’s Healthier US initiative and believes that it has the potential to encourage all Americans to become healthier by practicing the four key messages contained in the initiative. The Committee recommends that each YMCA

1. Secure a copy of the President’s Healthier US Initiative and review it with their medical advisory committee, board, and staff (see below for information on obtaining a copy);
2. Use the information from the report as a cornerstone for education and training in the YMCA and an impetus to promote active lifestyles throughout the community and explore opportunities to include the report’s recommendations in long-range planning strategies for the organization;
3. Identify how YMCAs can help promote the message of this report through collaboration with other health and human service organizations in their communities.
To obtain a copy of the President’s Healthier US Initiative, visit the following website: www.whitehouse.gov/infocus/fitness/toc.html.

April 2003
Reaffirmed November 2007
March 2008
HEALTHY PEOPLE 2020

Statement of the YMCA of the USA Medical Advisory Committee

*Healthy People 2020* is a national health promotion and disease prevention initiative sponsored by the U.S. Department of Health and Human Services (HHS) to improve the health of all Americans. *Healthy People 2020* was designed to achieve four overarching goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Four foundation health measures will serve as an indicator of progress toward achieving these goals:

- General health status
- Health-related quality of life and well-being
- Determinants of health
- Disparities

As a group, these measures reflect the major health concerns in the United States. *Healthy People 2020* contains 42 topic areas with nearly 600 objectives (with others still evolving), which encompass 1,200 measures. A smaller set of *Healthy People 2020* objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. The leading health indicators are:

1. Access to health services
2. Adolescent health
3. Cancer
4. Diabetes
5. Environmental health
6. Family planning
7. Heart disease and stroke
8. HIV
9. Immunization and infectious diseases
10. Injury and violence prevention
11. Maternal, infant, and child health
12. Mental health and mental disorders
13. Nutrition and weight status
14. Oral health
15. Physical activity
16. Substance abuse
17. Tobacco use

The YMCA of the USA Medical Advisory Committee believes that local YMCAs can address many of these health indicators and have an impact on the health of their communities by getting involved in Healthy People 2020. One of the strengths of this initiative is that it identifies clear, specific health objectives, organized into the 42 topic areas, which organizations and communities across the nation can work toward.

The Medical Advisory Committee recommends that each YMCA take the following steps:

- Review the complete Healthy People 2020 objectives and leading health indicators with their medical committee, board, and staff.
- Explore opportunities to include the Healthy People 2020 goals in its long-range planning strategies.
- Identify how the YMCA can help achieve specific objectives in its community through collaboration with other health and human service organizations.
- Check with local government and health department officials to see if there is a local Healthy People 2020 plan and how to get involved. If there is no local plan in place, help convene local organizations to consider developing one.

Healthy People 2020 provides YMCAs with essential information and guidance in developing and implementing community health promotion programs and services.

REFERENCE


October 1990
Revised November 1996
Revised October 2000
Revised April 2005
Updated May 2010
Updated February 2012
PREVENTION AND CONTROL OF HIGH BLOOD PRESSURE FOR ADULTS IN YMCAs

Statement of the YMCA of the USA Medical Advisory Committee

In the Y, screening for high blood pressure is a common and important health service provided to members and the community. Such screenings should be part of a total health and fitness program conducted by YMCAs to help people develop and maintain healthy lifestyles. Blood pressure screening should always be accompanied with educational material. YMCAs should be prepared to address referral when a member does not have a personal physician.

High blood pressure increases one’s risk for getting heart disease and/or kidney disease and for having a stroke. It is especially dangerous because it often has no warning signs or symptoms. Regardless of race, age, or gender, anyone can develop high blood pressure. It is estimated that one in every four American adults has high blood pressure. Once high blood pressure develops, it usually lasts a lifetime but can be prevented and controlled by appropriate action.

New blood pressure guidelines for adults have recently been released by the National Heart, Lung, and Blood Institute (NHLBI). A blood pressure reading below 120/80 is considered normal. In general, lower is better. However, very low blood pressures can sometimes be a cause for concern and should be checked by a doctor. Following are the most recent blood pressure guidelines:

- “Normal” is blood pressure lower than 120/80.
- “Prehypertension” is blood pressure between 120 and 139 systolic or between 80 and 89 diastolic.
- “High” is blood pressure of 140/90 or higher. There are two levels of high blood pressure: Stage 1 and Stage 2 (see the chart).
For adults 18 and older who
- are not on medicine for high blood pressure,
- are not having a short-term serious illness,
- do not have other conditions such as diabetes and kidney disease.

When systolic and diastolic blood pressures fall into different categories, the higher category should be used to classify blood pressure level. For example, 160/80 would be stage 2 high blood pressure. There is an exception to the above definition of high blood pressure. A blood pressure of 130/80 or higher is considered high blood pressure in persons with diabetes and chronic kidney disease.

People with prehypertension are at greater risk of developing hypertension. For example, those with blood pressures in the range of 130–139/80–89 mmHg have twice the risk as those with lower values. As a result of the new guidelines from the NHLBI, physicians and public health officials are stressing the need for counseling persons with prehypertension to modify their lifestyles using the non-pharmacological approaches listed below. Following are the recommended guidelines for YMCAs to offer members and participants regarding prevention and control of high blood pressure in adults:

1. Engage in regular aerobic physical activity such as brisk walking (at least 30 minutes per day, most days of the week).
2. Maintain normal body weight for adults (body mass index 18.5–24.9 kg/m²).
3. Limit alcohol consumption to no more than 1 oz. of ethanol (e.g., 24 oz. of beer, 10 oz. of wine, or 2 oz. of 100-proof whiskey) per day in most men and to no more than 0.5 oz. of ethanol per day in women and lighter weight persons.
4. Reduce dietary sodium intake to no more than 100 mmol per day (approximately 2.4 g of sodium or 6 g of sodium chloride).
5. Maintain an adequate intake of dietary potassium.
6. Consume a diet that is rich in fruits and vegetables and includes low-fat dairy products with a reduced content of saturated and total fat (Dietary Approaches to Stop Hypertension [DASH] eating plan).
Because many YMCAs conduct blood pressure screening for their members, in their programs, and for the community, they are in an influential position to suggest and promote these preventive measures.

REFERENCES

www.nhlbi.nih.gov/about/nhbpep/.


NHLBI Resources on High Blood Pressure.

For related information, see the following Medical Advisory Committee Recommendations:
“Cholesterol and Diabetes Screenings for Adults”
“Physical Activity and Type 2 Diabetes”
“Preventing and Decreasing Overweight and Obesity”

April 2004
Revised November 2008
Reaffirmed February 2012
HIV/AIDS: OPERATING GUIDELINES FOR YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

All YMCAs are obligated to act in compliance with the Occupational Safety and Health Administration (OSHA) training and documentation requirements regarding HIV/AIDS. They are also required to have an exposure control plan relative to HIV/AIDS and other infectious diseases that meets OSHA requirements and to comply with local and state standards regarding infectious materials.

These approved operating guidelines for YMCAs are based on scientific information that says people with HIV/AIDS and those who test HIV-positive do not pose a significant health risk to others in a YMCA setting. It is well known that HIV/AIDS is primarily transmitted by intimate sexual contact or by exposure to contaminated blood, although it can be transmitted through four body fluids: blood, vaginal fluid, semen, and breast milk.

The United States Public Health Service states that there is no risk created by living in the same house where a person with HIV/AIDS lives, eating food handled by a person with HIV/AIDS, being coughed or sneezed upon by a person with HIV/AIDS, casually kissing a person with HIV/AIDS, or swimming in a pool with a person with HIV/AIDS. There is no medical evidence to exclude members from gymnasiums, pools, locker rooms, showers, snack bars, or other recreational areas.

These guidelines are consistent with YMCA values that encourage youth and adults not to use drugs and encourage people not to have sexual relations unless they are in mature, caring, monogamous relationships. YMCA values further compel us to help and show compassion to those who have HIV/AIDS.

Finally, the guidelines should not be viewed as a recommended blanket policy but rather should be applied on a case-by-case basis by local YMCAs as new medical information becomes available. To help in this effort, a YMCA should appoint a medical advisory committee to provide current, expert medical advice for the operation of its programs and facilities. Members of the committee should seek up-to-date knowledge about HIV/AIDS and help guide and support the YMCA to take actions consistent with the best information available.
OPERATING GUIDELINES:

1. Implement an HIV/AIDS education program for staff, volunteers, members, and the public.

   Member associations should take a proactive stance regarding the education of staff, volunteers, members, and the public as to the nature of the HIV/AIDS disease, how it is transmitted, and how its spread can be prevented.

   Educational efforts should emphasize that current medical knowledge indicates that YMCA staff, volunteers, and members infected with the HIV/AIDS virus do not pose a significant health risk to others involved in YMCA programs, activities, or facilities.

   Generally, HIV/AIDS education should include five key elements:
   - Explaining the facts on HIV/AIDS and how it is transmitted
   - Describing how to protect oneself from HIV/AIDS
   - Communicating information about HIV/AIDS to others
   - Making available a local YMCA’s policies and procedures related to HIV/AIDS
   - Teaching compassion for those living with HIV/AIDS

   Resources for HIV/AIDS education are available from many local and national health organizations. Often these organizations are able to come to your facility and provide on-site training or educational presentations.

2. Accept persons with HIV/AIDS in YMCA programs, evaluating participation on a case-by-case basis.

   Persons with HIV/AIDS should be admitted to full participation in YMCA programs.

   Exceptions to this practice should be made in accordance with the guidelines established by the Centers for Disease Control and Prevention.

   Refusal to permit any person with HIV/AIDS to join the YMCA or to participate in YMCA programs should only be undertaken with advice of legal counsel from YMCA of the USA. Failure to contact legal counsel could result in personal liability.

3. Consider employees with HIV/AIDS as people with a handicap or disability who do not risk infecting others through casual contact in the workplace.

   Employees with HIV/AIDS are protected by the Americans with Disabilities Act (ADA). It should also be recognized that they want to be treated fairly and equally. YMCAs recognize their obligations as employers to provide objectively safe environments for all employees and the public at large as well as environments where there are no concerns by employees for their personal health and safety.

   YMCAs understand that HIV/AIDS falls within the ADA and that the disease can progress into a handicapping or disabling condition. An individual who has HIV/AIDS should be treated similarly to any other individual who is handicapped or disabled and should not be discriminated against.
All staff should make a concerted effort to educate themselves as to the facts about HIV/AIDS infection and assist in making this information available to all YMCA leadership, both staff and volunteer.

YMCA employees with life-threatening illnesses, including HIV/AIDS, may wish to continue to work. As long as they are able to meet acceptable performance standards, and medical evidence indicates that their condition is not a threat to themselves or others, employees should be assured of continued employment.

Federal and state laws may also mandate, pursuant to the laws protecting handicapped or disabled individuals, that those individuals not be discriminated against on that basis, and that if it becomes necessary, some reasonable accommodations be made to enable qualified individuals to continue to work.

Given current technology and the recommendations of the Centers for Disease Control and Prevention, testing applicants or current employees for HIV/AIDS is not recommended. However, information on voluntary anonymous and confidential testing should be made available to all employees.

A YMCA may deny employment to any individual who cannot meet the legitimate qualifications of the job due to any physical or mental condition or who presents an immediate and real risk to the health or safety of others.

YMCAs recognize that an employee’s health condition is always personal and confidential. Personnel and medical files and information about employees are always protected from public disclosure.

4. **Encourage use of universal precautions that protect staff, volunteers, and members.**

Because other infections in addition to HIV/AIDS can be present in blood or other body fluids, YMCAs should adopt universal precautions for handling them, such as these:

- Hands should be washed well with soap and water after exposure to blood and other body fluids, even after removing rubber gloves.
- Razors and other implements that may become contaminated with blood should not be shared at any time and should be disposed of properly. (Sharps containers are recommended.) These implements should not be used at all in steam, sauna, and whirlpool areas.
- Rubber gloves should be worn if available when first aid is given to anyone who is bleeding.
- Surfaces soiled by blood or other body fluids should be promptly cleaned with disinfectants, such as 1:10 diluted household bleach (one part bleach to ten parts water). Disposable towels or tissues should be used whenever possible, and blood-borne pathogen exposure prevention kits for cleaning potentially contaminated areas should be available throughout the facility.

For more information on HIV/AIDS, visit [www.cdc.gov/globalAIDS/default.html](http://www.cdc.gov/globalAIDS/default.html).
For related information, see the Medical Advisory Committee Recommendation, "HIV/AIDS: Participation of Preschool Children (ages 0–5) with HIV/AIDS in YMCA Child Care."

January 1988
Revised May 1991
Revised November 1997
Revised November 1999
Revised January 2004
Revised November 2008
Revised November 2009
HIV/AIDS: PARTICIPATION OF PRESCHOOL CHILDREN (AGES 0–5) WITH HIV/AIDS IN YMCA CHILD CARE

Statement of the YMCA of the USA Medical Advisory Committee

Children infected with the human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) should be admitted to YMCA child care on a case-by-case basis. Qualified persons, including a child’s health care provider, should evaluate the child to assess

- whether the child’s health, neurological development, behavior, and immune status render the child capable of participating in program activities at minimal personal risk and risk to others; and
- whether the child can receive optimal care in the specific facility being considered.


Following are specific recommendations on this issue:

- No need exists to restrict the placement of HIV/AIDS-infected children in child care settings to protect personnel or other children, because the risk of transmission of HIV/AIDS in these settings is minor.
- It is not necessary to inform child care personnel of the HIV/AIDS status of a child to protect the health of caregivers or other children in the child care environment. In some jurisdictions the child’s diagnosis cannot be divulged without the written consent of the parent or legal guardian. Parents may choose to inform the child care provider of the child’s diagnosis to support a request that the caregiver observe the child closely for signs of illness that might require medical attention and assist the parents with the child’s special emotional and social needs.
- Recommended universal precautions, as listed in “HIV/AIDS: Operating Guidelines for YMCAs” (available at [yexchange.org](http://yexchange.org)), should be followed in all child care settings when blood or bloody fluids are being handled to minimize the possibility of transmission of any blood-borne disease.
• All preschool child care programs should routinely inform all families whenever a highly infectious illness such as measles or chicken pox occurs in any child in the child care setting. This process will help families protect the immunodeficient children.

The YMCA of the USA Medical Advisory Committee urges all YMCAs to follow these recommendations.

For related information, see the Medical Advisory Committee Recommendation, “HIV/AIDS: Operating Guidelines for YMCAs.”

January 1988
Revised April 1996
Revised October 2000
Revised April 2005
Revised November 2009
INFANT AND TODDLER SLEEPING GUIDELINES FOR YMCA CHILD CARE PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA child care programs for infants and toddlers typically provide opportunities for sleep and rest as part of their programs. Children of these ages need favorable conditions for sleep, including being dry, well-fed, and comfortable. Additionally, a consistent caregiver, a routine for comforting, a reasonably quiet place, and an individualized routine sleeping schedule are conducive to sleep. To help ensure safe sleeping practices, the YMCA of the USA Medical Advisory Committee issues the following recommendations:

All infants, particularly those under 9 months old, shall be put into bed on their backs to reduce the risk of sudden infant death syndrome (SIDS), unless the child has a note from a physician specifying otherwise. Having infants sleep on their backs has decreased the incidence of SIDS by almost 50 percent. Side or belly sleeping is not advised as there is no evidence showing that either reduces the risk of SIDS.

1. Cribs should be used for sleep only, and infants should be removed from their cribs as soon as they wake.
2. No child shall simultaneously share a bed or bedding with another child.
3. Playing music, stroking the infant’s cheek, and gently moving the crib are helpful methods for encouraging sleep.
4. Babies should be put to bed in cribs, not on beanbags, upright car seats, or swings.
5. Cots are appropriate for toddlers. Make sure cots or cribs are spaced at least three feet apart to reduce the spread of infectious diseases transmitted through respiratory secretions.
6. All pillows and soft bedding should be removed from the crib.
7. All sleep areas need to have enough lighting so that the actions of the staff members and children are visible, for both the child’s and the staff’s protection.
8. Caregivers should put babies on a firm, flat sleeping surface and never on top of soft, fluffy products such as pillows, comforters, or sheepskins.
9. All cribs should not contain any objects, including bumper pads. Pacifiers may be allowed if requested by the parent. Pacifier use may reduce the risk of SIDS.
10. The bars on cribs should be spaced no more than two and three-eighths (2¾) inches apart. Crib end panels, if solid, should not have any cutouts in which an infant’s head could become trapped.
11. Avoid overheating the infant by making sure the child is lightly clothed and not overbundled.

12. Avoid commercial devices (other than physician-prescribed monitors) that are marketed to reduce the risk of SIDS. None of these has been researched effectively to prove efficacy.

13. Blankets, if used, should be tucked under the mattress with the infant’s feet near the tucked-in portion and the other edge of the blanket reaching no higher than the chest.

14. Beds and bedding shall be washed between uses if used by different children.

15. Encourage “tummy time” to avoid the potential development of head shape abnormalities and motor delays due to back sleeping and decreased use of back extensor muscles. Tummy time should occur only when infants are awake and can be observed.

Some children found to be at risk for SIDS or with other medical issues may have monitors for use while they are sleeping. Although not proven to be effective in preventing SIDS, some parents may want YMCA child care staff to use these monitors with their child. The Medical Advisory Committee recommends that if a sleep monitor has been prescribed by a physician, the staff receive proper training in its use and follow the physician's instructions.

YMCA staff should check their local and state guidelines related to sleeping in child care programs to make sure that they are in compliance.

REFERENCES


April 2004
Revised November 2008
Reaffirmed February 2011
MARTIAL ARTS PROGRAMS OFFERED BY YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

The term martial arts includes a wide range of activities derived from Asian styles of hand-to-hand combat or self-defense. YMCAs have offered a wide range of martial arts programs for many years for young people and adults.

Generally, these programs are adapted from judo, karate, taekwondo, aikido, or kung fu. Depending on the philosophy, experience, and goals of the individual instructors, the martial arts programs emphasize character development, physical conditioning, self-discipline, sport competition, and pure fighting skills. All forms of martial arts include fighting skills at some level of proficiency. The YMCA of the USA Medical Advisory Committee recommends that YMCAs offer programs that emphasize character development and physical conditioning rather than fighting and full contact. The Committee urges YMCAs offering martial arts programs to follow these guidelines:

INSTRUCTORS

- Carefully select and monitor martial arts instructors.
  - Conduct appropriate interviews and background checks with all prospective instructors.
  - YMCA of the USA recommends that instructors be employees of the YMCA
- If volunteer assistants are used, ensure the use of volunteer assistants is in keeping with the record keeping, training, and supervision policies of your YMCA.
- Require that instructors demonstrate competence through completion of appropriate training sanctioned by a recognized martial arts national governing body affiliated with the U.S. Olympic Committee, such as United States Judo, the USA Karate Federation, or USA Taekwondo.

PROGRAM PHILOSOPHY AND QUALITY

- Recognize that YMCAs are responsible for the program philosophy and curriculum of martial arts programs.
- Ensure that programs are consistent with YMCA mission, goals, and values, providing positive experience for personal growth and development.
- Ensure that operation of the program is consistent with your program operating policies and procedures.
• Have instructors provide a written curriculum and review it to ensure the following:
  – Instruction emphasizes exercise and health and well-being, flexibility and agility, skill
development, self-discipline, and competitive sport, rather than fighting skills.
  – Classes that include children and youth are developmentally sound and age
  appropriate, as outlined by one of the recognized national governing bodies.

SAFETY
• Use body protective gear (foam padding) for programs that involve contact from kicking
  or punching. Use protective gear (armor) in programs that involve the use of weapons.
• Avoid any kick or blow to the head, as the effects of head and brain injuries are
  cumulative. Mouthguards are recommended to help prevent dental injuries.
• Avoid full contact blows to the body, even if protective gear is worn.
• Emphasize safety and avoiding unnecessary risk of injury. Offer only those programs
  where the intent is not to injure or harm the opponent.
• Ensure that self-defense instruction minimizes rather than encourages engaging in
  physical confrontation.
• Provide a floor surface and matting appropriate for the activity in all facilities used for
  martial arts programs.

Some martial arts programs such as fencing, kendo, and jōdō (a Japanese martial art using
short staffs called jō) use weapons (sword, wooden sword, and stick) for their training.
Participants in fencing and kendo as a matter of practice do not practice their activities
without armor. The use of weapons in jōdō is through disciplined movement with minimum
risk of injury. Aikido and karate also use weapons for their kata training. They are done
without armor, but they use choreographed techniques that reduce the chance of injury to a
minimum. Injury could happen through a mistake rather than through an aggressive
offensive act or attitude.

For related information, see the Medical Advisory Committee Recommendation, “Boxing
Involving Children and Adolescents.”

February 1992
Revised May 1995
Revised November 1997
Revised April 2002
Revised May 2007
Revised March 2008
Reaffirmed May 2010
MASSAGE THERAPY IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Massage therapy is a legitimate health service offered by many YMCAs and spans a wide variety of therapeutic approaches that work to improve an individual’s health and well-being through the manipulation of muscles and other soft tissues of the body. Massage therapy is designed to enhance blood flow to soft tissues and facilitate the removal of metabolic wastes from muscle tissue. For many, massage has the added benefits of reducing mental stress and reducing anxiety levels.

Therapeutic massage methods used today have both Eastern and Western origins. Early records of massage date back 3,000 years to early Chinese folk medicine and ancient medicine of India. Shiatsu acupressure and reflexology techniques evolved from these Eastern sources, as have other contemporary massage methods. Modern Western massage is credited primarily to a 19th-century Swedish approach involving hands-on techniques with active movements which became known as Swedish massage, one of the most commonly used methods today.

The growing emphasis on wellness in the United States has led to a growth in the massage-therapy profession. Some health insurance plans have begun to provide coverage for massage therapy for patients. While massage services have been offered in YMCAs for many years, recently there has been an increase in the availability of traditional health salon spa services, those relaxing amenities that include massage therapy. Following are guidelines for YMCAs offering massage therapy services:

1. YMCAs offering massage programs and services should employ a professionally trained and certified massage therapist to provide such amenities. YMCAs should check their state and local health department codes to ensure compliance with requirements concerning the licensure of massage therapists. In states where licensing is required for massage therapists (required in most states), only licensed therapists should be hired.
2. YMCAs offering massage services should make every effort to provide massage programs that meet the personal interests and needs of members.
3. YMCAs offering massage should have a registration system available at a membership control area for massage appointments and payment.
4. Appropriate temperature, humidity, and air circulation levels should be maintained in the massage area. The following levels are recommended:
   - Temperature: 72°F–78°F
   - Humidity: 60 percent or less
   - Air circulation: 6 to 8 exchanges per hour
YMCA contractors should ensure compliance with these and/or locally established massage guidelines. A qualified massage therapist should either be licensed, nationally certified, or be able to document professional training in massage therapy at an accredited institution. The American Massage Therapy Association (AMTA) is an organization of massage therapists that requires members to meet minimum education requirements, pursue continuing education, and uphold its code of ethics. For more information, visit AMTA’s website at [www.amtamassage.org](http://www.amtamassage.org).

October 1998
Revised October 2002
Revised May 2007
Revised March 2008
Reaffirmed February 2011
MEDICAL ADVISORY COMMITTEES IN LOCAL YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Although the YMCA of the USA Medical Advisory Committee provides recommendations on health-related issues, it is the local advisory committee that can best adapt (based on local and state laws and regulations) and put into operation the recommendations for each YMCA and its community. This is because of the unique laws and regulations in each state, the usual and customary practices in each community, and the special risks that may be prevalent. A local advisory committee can provide oversight and recommend policy on health-related issues that arise in a YMCA’s operations. In its role of helping to ensure safety in the YMCA, this committee can serve as a crucial link between the YMCA and the medical community.

If a formal medical advisory committee is not practical, an alternative is to have a local practicing physician serve in an advisory capacity on medical and health issues. Additional members may include other physicians (for example, pediatricians or family practitioners), nutritionists, exercise physiologists, public health officials, and other representatives, as needed.

A medical advisory committee should consist of highly skilled specialists with the potential to enrich YMCA programs, activities, and services through recommendations on safe health practices. Since these individuals may not be familiar with the YMCA movement’s rich history of programs to promote health and well-being or the broad scope of its current program offerings, a well-planned orientation should be included as part of their meetings. A direct link from this committee to the program committee and the board of directors is advisable.

Primary functions of the local advisory committee should be to

- review screening and medical clearance procedures for participants,
- review and approve medical aspects of all programs,
- establish safe operating procedures,
- establish emergency response procedures as recommended by the Medical Advisory Committee and consistent with state and local law,
- review YMCA of the USA Medical Advisory Committee recommendations and adopt them as appropriate for local use, and
- assist in the interpretation and promotion of YMCA programs and services, especially to community groups, hospitals, and practicing physicians.
In addition to health care professionals, the committee can include members of community organizations. These organizations, such as local affiliates of the American Heart Association, American Cancer Society, American Diabetes Association, American Lung Association, and local universities, may wish to be associated with the YMCA through serving on the committee.

The YMCA of the USA Medical Advisory Committee strongly recommends that each corporate YMCA establish its own local medical advisory committee. Local YMCA medical advisory committees are encouraged to refer questions or concerns to the YMCA of the USA Medical Advisory Committee.

Following is a model commission for a local YMCA medical advisory committee.

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Revised April 1996
Revised October 2000
Revised April 2005
Revised November 2009
YMCA OF THE USA COMMITTEE COMMISSION MEDICAL ADVISORY COMMITTEE: A MODEL FOR LOCAL YMCAS

I. AUTHORIZATION
The Medical Advisory Committee is a subcommittee of the Program Committee and is authorized by the Board of Directors.

II. APPOINTMENT
The Chairman shall be appointed annually by the Chairman of the Program Committee with the approval of the Board President and the Executive Director. Committee members shall serve for three year terms upon the recommendation of the committee chairman with the approval of the Program Committee Chairman, Board President and Executive Director. The Committee through its chairman will report directly to the Program Committee and shall operate within the policies of the YMCA.

III. STAFF OFFICER
The Health and Fitness Director shall be the primary staff member relating to the Medical Advisory Committee.

IV. RELATIONSHIP
The Medical Advisory Committee will relate through the Program Committee to the following standing committees:
- Camp Committee
- Youth and Family Committee
- Risk Management Committee

V. COMMITTEE RESPONSIBILITIES
a. Periodically review screening and medical requirements for program participation and recommend improvements in same.

b. Review existing policies and practices relative to the delivery of specific health related and or high risk programs and make the necessary recommendations to insure these policies and programs represent the current accepted medical position.

c. Serve as a screening committee to assist in the selection of all YMCA staff performing medically related job descriptions:
   - Camp nursing staff
   - Health and Fitness Director

d. Review annually all medical policies and record systems for all summer camp operation and recommend changes as needed to comply with state and local regulations and accepted medical procedures.

e. Assist the staff aide in the establishment and monitoring of adequate in-house emergency systems and procedures.

f. Assist staff in identifying potential collaborative or joint venture opportunities between the YMCA and local medical institutions or physicians.
g. Periodically review membership application forms to insure that their design includes information that would be helpful to emergency room personnel should a member need emergency care.

h. Serve as ambassador of the YMCA interpreting and promoting YMCA programs (to community, groups, hospitals and area physicians).

i. Recommend appropriate equipment, staffing, staff training items to be included in the annual operating budget as part of the annual Association process.

VI. MEMBERSHIP
Volunteer members are selected based upon their areas of expertise, affiliation, and also for their interest in the YMCA. The Committee shall be composed of five to seven members, including but not limited to the following:

- Cardiologist
- Pediatrician
- Internist
- Family physician/general practitioner
- Physical Therapist
- Exercise Physiologist
- Sports Medicine Specialist
- Nutritionist
- Other health professionals whose participation would enhance the YMCA and its programs

VII. MEETING REQUIREMENTS
The Medical Advisory Committee shall meet a minimum of two times annually. Committee members must attend at least 50 percent of all committee meetings held during any fiscal year in order to continue as a member of the committee.
METHICILLIN-RESISTANT STAPHYLOCOCCAL AUREAS (MRSA) SKIN INFECTIONS

Statement of the YMCA of the USA Medical Advisory Committee

*Staphylococcus aureus*, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics. However, staph bacteria also can cause serious infections that need to be treated with antibiotics. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of staph that is resistant to antibiotics such as methicillin and other more common antibiotics, including oxacillin, penicillin, and amoxicillin.

Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. These healthcare-associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia. Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections acquired by persons who have not been hospitalized or undergone a medical procedure recently (within the past year) are known as community-associated MRSA (CA-MRSA) infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people.

While the majority of MRSA infections occur among patients in hospitals or other healthcare settings, it is becoming more common in athletics and the community setting. Data from a prospective study in 2003 suggests that 12 percent of clinical MRSA infections are community-associated, but this varies by geographic region and population. The Centers for Disease Control and Prevention (CDC) has investigated clusters of CA-MRSA skin infections among athletes, military recruits, children, indigenous people, minority populations, and prisoners. Factors that have been associated with the spread of MRSA skin infections include: close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene.

Although YMCA staff should be alert to the issue of MRSA, in the outbreaks documented to date, the environment (facilities, equipment, etc.) has not played a significant role in the transmission of MRSA. MRSA is transmitted most frequently by direct skin-to-skin contact. Staff and members can protect themselves from infections by practicing good hygiene (e.g., keeping hands clean by washing with soap and water or using an alcohol-based hand rub.
and showering after working out); covering any open skin area, such as abrasions or cuts, with a clean dry bandage; avoiding sharing personal items, such as towels or razors; using a barrier (e.g., clothing or a towel) between the skin and shared equipment; and wiping surfaces of exercise equipment before and after use.

YMCAs should also be alert to the emerging problem of MRSA skin infections related to sports and athletic activities. In August, 2003, the CDC issued a report detailing several outbreaks in athletes across the nation. This was followed by alerts from the National Federation of State High School Associations and the National Collegiate Athletic Association (NCAA). Vigilance by staff, members, parents, coaches, and physicians in prevention, recognition, and early treatment is crucial to the health and well-being of our constituents. While these infections have been seen in a variety of sports settings, they are particularly common in sports with a large amount of skin-to-skin contact, such as football or wrestling.

RECOGNITION AND TREATMENT OF MRSA

Staph infections typically start as small, red, tender, pimple-like lesions and quickly progress to painful, red, fluctuant, indurated lesions. These skin lesions frequently occur as solitary lesions, but can also occur in small clusters. They are usually found in areas that absorb the majority of contact and skin breakdown during sport (trunk, arms, and legs). They are also commonly found in the axilla (underarm), buttocks, and groin area. All individuals with suspected bacterial skin infections should be evaluated by a health care professional. Any person with a skin infection and systemic signs or symptoms of infection (fever, chill, myalgia, and malaise) should be evaluated by a medical professional urgently.

The CDC offers the following for preventing the spread of MRSA:

1. **Cover all wounds.** Keep wounds that are draining or have pus covered with clean, dry bandages. Follow a healthcare provider’s instructions on proper care of the wound. Pus from infected wounds can contain staph and MRSA, so keeping the infection covered will help prevent the spread to others. Bandages or tape can be discarded with the regular trash.

2. **Clean hands regularly.** Individuals, their families, and others in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.

3. **Do not share personal items.** Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.

4. **Talk to a doctor.** Encourage staff and members to tell any healthcare providers if they suspect, have, or had a staph or MRSA skin infection.

The National Athletic Trainers’ Association also recommends the following:

- Encourage immediate showering following activity.
- Mandatory avoidance of whirlpools or common tubs with open wounds, scrapes, or scratches.
- Properly wash athletic gear and towels after each use.
- Maintain clean facilities and equipment.
For more information, go to http://www.nata.org/sites/default/files/MRSA.pdf.

For more information on this topic, go to http://www.cdc.gov/mrsa/.

REFERENCES


April 2005
Reaffirmed November 2007
Reaffirmed March 2008
Updated February 2012
NOISE AND MUSIC LEVELS IN YMCAS AND YMCA PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

Approximately 28 million Americans have some degree of hearing loss, many because they are exposed to environmental noise at cumulative levels that can damage hearing. Music volume in health and fitness facilities continues to be a concern in this regard. Studies have shown that loud music has the potential to cause hearing loss to facility staff and members. The use of music in YMCAs and in YMCA programs is common practice, viewed by staff and members as motivational, particularly during exercise. Music is often played in YMCA lobbies, locker rooms, weight rooms, exercise areas, and in classes held in aerobic studios, gymnasiums, multi-purpose rooms, and swimming pools. The use of individual headsets by members during individual exercise is also a common practice.

In many cases YMCAs are playing music in areas and programs where acoustics are not ideal. Also, group exercise instructors are often used to playing music at high volume levels as part of the “culture” of some forms of exercise classes. In light of these considerations, YMCAs run the risk of playing music at levels that can be damaging to the human ear for both staff and members. There is a growing concern about the rapid rate of hearing loss among individuals, particularly young people. Because hearing loss usually is a slow, cumulative process, staff need to be aware that the noise intensity and volume of music may be putting them and their members at risk even if no symptoms are apparent.

Research and data vary on the level of noise or music that can be tolerated by the human ear prior to damage occurring. The information related to noise levels is even more complicated when exposure time and individual tolerance level differences are considered. According to the federal government’s Occupational Safety and Health Administration (OSHA) guidelines, the permissible exposure level for employees exposed to noise is 90 decibels (dB) averaged over an eight-hour period.

YMCAs are committed to good health and have a responsibility to members, class participants, and staff to set and enforce appropriate levels for noise and music that are not potentially damaging to the human ear. Therefore, the YMCA of the USA Medical Advisory Committee recommends that local associations:

1. Evaluate the noise and music levels of facilities and programs. This can be done by placing a decibel meter (available from electronic stores for under $50) on a stand near the front or middle of the exercise room. Some music systems have built-in sound
meters for this purpose. YMCA may consider contacting their local health department or an industrial hygienist for a professional noise level assessment of their entire facility.

2. Set and enforce a standard that music volume levels should measure no more than 90 decibels (dB) in any area of the facility or in any program.

3. Educate members regarding the safe levels of music used in personal headsets during exercise.

4. Educate employees about the use of ear protection, especially exercise instructors who may be exposed to high intensity music on a regular basis and maintenance employees who find that certain tasks and/or areas of the facility have high noise levels, such as boiler rooms, pool pumps, and construction work sites. In addition, employees should be encouraged to have periodic hearing tests for their own health and safety.

5. Become familiar with OSHA compliance and penalties for noncompliance regarding noise levels in their facilities and programs.

6. Discourage practices in YMCA programs and activities that unnecessarily raise sound levels and could prove damaging, such as encouraging noise and screaming in camp programs and dining halls.

For more information, visit the OSHA website at http://www.osha.gov/Publications/OSHA3074/osha3074.html.
PROMOTING HEALTHY NUTRITION FOR YOUTH IN YMCA PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

Proper nutrition is essential for the healthy growth and development of young people. YMCAs are the nation’s largest providers of child care and after school care and are leaders in youth sports and camping programs as well. With this reach they have tremendous potential to help youth get a good start on developing healthy eating habits. YMCA facilities, programs, and activities which provide food and/or snacks for youth should do so in a safe, clean, and pleasant environment, and in a responsible manner. While most eating habits begin at home and families are primarily responsible for teaching children to make healthy food choices, YMCAs can support this effort whenever food is served as part of a program or activity.

Overweight is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetics and health. Dietary intake and physical activity are the predominant determinants of energy balance, however. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming overweight and developing related diseases, and these habits are behaviors that YMCAs can impact through program and policy. An estimated 61 percent of overweight young people have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure. In addition, children who are overweight are at greater risk for type 2 diabetes, bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. Overweight children are more likely than children of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

In 2011, the federal government unveiled “MyPlate,” hoping that sound dietary advice, combined with interactive online tools, will help combat the growing obesity epidemic among children. Released by the U.S. Department of Agriculture, MyPlate underscores familiar nutritional and physical activity messages:

• Be physically active every day
• Choose healthier foods from each group
• Make choices that are right for you
• Eat more from some food groups than others
• Eat foods from every food group color every day
• Take one step at a time
The Medical Advisory Committee endorses these general guidelines and urges YMCAs to use them and the information in the MyPlate materials when planning food and/or snacks for youth in YMCA programs and activities. In addition, the Committee offers the following specific recommendations:

1. When providing food and/or snacks for YMCA events and programs, avoid high-fat, high-sugar products. Eliminate snacks made with trans fats (shortening and/or partially hydrogenated vegetable oils). Whole grain products are excellent choices as snacks.

2. Encourage good eating habits through the availability of healthy choice items in vending machines, such as: unsweetened fruit juices, water, fresh fruit, unsalted pretzels, raw vegetables, low-fat granola bars, raisins, nut mixes, bars containing 10 or more grams of protein, and low-fat or non-fat dairy products. Reduce the availability of sugar-sweetened beverages, including sodas, sports drinks, and fruit drinks.

3. Youth programs such as child care, camping, and sports are encouraged to include a nutritional component that promotes proper nutrition and healthy food choices.

4. Fund raising activities that sell foods are encouraged to sell food products that are consistent with sound dietary recommendations.

5. Provide and encourage drinking water instead of sports drinks as the beverage of choice at sports practices and events, camps, and other youth programs. Sports drinks are high in added sugars and are unnecessary under normal conditions of youth play and sport. Water and a healthy snack should be offered at appropriate times in these programs.

6. Adult staff should model good eating habits when working in all youth programs.

To see MyPlate and assorted tools to use with youth, click on: www.choosemyplate.gov/. For information on the Team Nutrition initiative of the USDA, which supports child nutrition programs, go to www.fns.usda.gov/tn/.

Y-USA has also committed to encouraging Ys to adopt standards for nutrition and physical activity for children. To support this work, Y-USA will provide training, financial incentives, supplier relationships, and advocacy. Information can be found at https://yexchange.org/HealthInnovation/Pages/Healthy-Eating-and-Physical-Activity-Standards-for-Early-Childcare-and-Afterschool-Programs.aspx.

For related information, see the following Medical Advisory Committee Recommendations:

“Preventing and Decreasing Overweight and Obesity”
“Dietary Guidelines for All Americans”
“Use of Alleged ‘Performance-Enhancing’ Supplements”
“Vitamin and Mineral Supplementation”
“Promoting Physical Activity Among Young People”

November 1997
Revised April 2002
Revised December 2005
Revised May 2008
Updated February 2012
PREVENTING AND DECREASING OVERWEIGHT AND OBESITY

Statement of the YMCA of the USA Medical Advisory Committee

Overweight and obesity have reached nationwide epidemic proportions. The latest statistics show that two-thirds of U.S. adults are overweight or obese and one-third of children and adolescents are overweight (Weight-control Information Network 2007). Adults are getting heavier: there has been an increase in the number of adults in the obese category versus the overweight. Today there are twice as many obese children and three times as many obese adolescents as there were in 1980 (Centers for Disease Control and Prevention 2009).

Because of the serious health and psychosocial consequences and the economic burden associated with these conditions, addressing overweight and obesity remains a national public health priority.

Overweight and obesity substantially raise the risk of a number of chronic health conditions, including cardiovascular disease, stroke, hypertension, dyslipidemia, type 2 diabetes, orthopedic problems, osteoarthritis, certain cancers, sleep apnea, and others. Higher body weights are also associated with increases in overall mortality. Obese individuals may also suffer from social stigmatization and discrimination.

Overweight and obesity result from a positive energy balance related to excess calorie consumption and/or inadequate physical activity. Thus, a healthy diet and regular physical activity should be promoted as the cornerstone of any prevention or treatment effort. In particular, increased attention to the prevention of obesity in youth and early adulthood is needed. In response to this national health problem, the U.S. Surgeon General’s office issued a Call to Action to Prevent and Decrease Overweight and Obesity in December 2001. That document’s five principles are to do the following:

1. Promote the recognition of overweight and obesity as major public health problems;
2. Assist Americans in balancing healthful eating with regular physical activity to achieve and maintain a healthy or healthier body weight;
3. Identify effective and culturally appropriate interventions to prevent and treat overweight and obesity;
4. Encourage environmental changes that help prevent overweight and obesity; and
5. Develop and enhance public-private partnerships to help implement this vision.
Because the problem of obesity is pervasive, affecting all segments of the population regardless of age, race, or gender, community-based organizations such as YMCAs can often implement community-wide interventions to bring about change. For example, YMCA youth programs offer the opportunity to reach a large number of children, especially younger children, on a daily basis for a number of years. These programs could tackle both prevention and treatment issues with complementary strategies and could initiate health education services for peer groups, families, and YMCA staff. YMCAs can be important vehicles for positively influencing the health, activity levels, diet, and environment of many children.

The Surgeon General’s Call to Action presents a unique opportunity for YMCAs to have a significant impact on the health of their communities. The YMCA of the USA Medical Advisory Committee strongly encourages each YMCA to do the following:

1. Obtain a copy of the Surgeon General’s document and review it with their medical advisory committee, board, and staff. Information on obtaining a copy is listed below.
2. Use the information from the report as a cornerstone for education and training in the YMCA and an impetus to promote active lifestyles throughout the community, and explore opportunities to include the report’s recommendations in the YMCA’s long-range planning strategies.
3. Take steps to develop strategies for obesity prevention programs for people of all ages in their communities.
4. Identify how YMCAs can help address the issues in this report through collaboration with other community health care providers in their service area.
5. Participate in Activate America, particularly the Community Healthy Living Index and Activate America’s Healthier Communities initiatives, to learn how to engage your community in policy and environmental change strategies that promote healthy living.


For related information, see the following Medical Advisory Committee Recommendations:

“Dietary Guidelines for All Americans”
“Physical Activity Guidelines for Adults and Youth”
“Guidelines for Adult Weight-Loss Programs”
“Physical Activity and Type 2 Diabetes”
“Promoting Healthy Nutrition for Youth in YMCA Programs”
“Promoting Physical Activity Among Young People”
REFERENCES


April 2002
Revised April 2006
Updated June 2009
PANDEMIC PREPAREDNESS

Statement of the YMCA of the USA Medical Advisory Committee

Note: The information in this document is based on guidelines of the U.S. Department of Health and Human Services.

A pandemic is a global disease outbreak. A pandemic occurs when a new virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness, and can sweep across a country and around the world in a very short time.

It is difficult to predict when a pandemic will occur or how severe it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

The YMCA of the USA Medical Advisory Committee encourages local YMCAs to share this information with their local medical advisory committees and use the “Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist” on the following pages as a model for responding to any threat of widespread infectious disease.

In addition, due to the changing nature of this issue and the ongoing emergence of new information, YMCA staff are urged to work closely with local health officials to respond to disease outbreaks and to regularly check the following websites for up-to-date information:

- Department of Health and Human Services Pandemic Influenza Information website www.pandemicflu.gov.
- Centers for Disease Control and Prevention: H1N1 (Swine Flu) available at http://cdc.gov/h1n1flu/.


April 2006
Revised November 2009
The collaboration of Faith-Based and Community Organizations with public health agencies will be essential in protecting the public’s health and safety if and when an influenza pandemic occurs. This checklist provides guidance for religious organizations (churches, synagogues, mosques, temples, etc.), social service agencies that are faith-based, and community organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested here can improve your organization’s ability to protect your community during emergencies in general. You can find more information at [www.pandemicflu.gov](http://www.pandemicflu.gov).

1. **Plan for the impact of a pandemic on your organization and its mission:**
   - Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.
   - Determine the potential impact of a pandemic on your organization’s usual activities and services. Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.
   - Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)
   - Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.
   - Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization’s work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.
   - Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

2. **Communicate with and educate your staff, members, and persons in the communities that you serve:**
   - Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your organization and others.
   - Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.
   - When appropriate, include basic information about pandemic influenza in public meetings (e.g., sermons, classes, trainings, small group meetings, and announcements).
   - Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.
• Develop tools to communicate information about pandemic status and your organization’s actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.

• Consider your organization’s unique contribution to addressing rumors, misinformation, fear and anxiety.

• Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities—state and local health departments, emergency management agencies, and CDC.

• Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.

3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

• Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.

• Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.

• Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.

• Identify persons with special needs (e.g., elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.

4. Set up policies to follow during a pandemic:

• Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.

• Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty (Know how to check up-to-date CDC recommendations).

• Set up policies for flexible work hours and working from home.

• Evaluate your organization’s usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g., guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)

• Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.
• Set procedures for activating your organization’s response plan when an influenza pandemic is declared by public health authorities and altering your organization’s operations accordingly.

5. **Allocate resources to protect your staff, members, and persons in the communities that you serve during a pandemic:**
   • Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.
   • Consider focusing your organization’s efforts during a pandemic to providing services that are most needed during the emergency (e.g., mental/spiritual health or social services).

6. **Coordinate with external organizations and help your community:**
   • Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.
   • Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.
   • Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.
   • Share what you’ve learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.
   • Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g., denominations, associations, etc.) to help your communities prepare for pandemic influenza.

January 2006
THE USE OF PASSIVE EXERCISE EQUIPMENT BY YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA has a long history of providing a wide variety of exercise programs and activities that are based on sound scientific principles and evidence-based research. While improvements in exercise equipment and techniques are continually being developed, some of these may not necessarily be safe or effective for use by YMCA members. YMCA staff needs to make sure that the health benefit claims of manufacturers and proponents of equipment or programs being considered are valid and based on nonbiased research.

In this regard, many claims have been made by people selling and using passive exercise machines. These machines are designed to mechanically move and/or stimulate an individual’s muscle or muscle group with little or no effort on the part of the individual. Given that the reasons stated for these claims are often questionable and that research has not substantiated the alleged fitness benefits of passive exercise for healthy people, the Medical Advisory Committee of YMCA of the USA has serious concerns and discourages the use of passive exercise equipment by YMCAs, except for rehabilitation of certain medical conditions, such as stroke, muscular dystrophy, and knee and shoulder injuries.

November 1988
Revised April 1996
Reaffirmed October 2000
Revised November 2004
Reaffirmed June 2009
USE OF ALLEGED “PERFORMANCE-ENHANCING” SUPPLEMENTS

Statement of the YMCA of the USA Medical Advisory Committee

The YMCA of the USA Medical Advisory Committee states that the use of supplements that claim to enhance athletic and/or exercise performance for nonmedical purposes should not be recommended or encouraged by YMCAs, nor should these products be sold by YMCAs. Some of these supplements have been determined to have significant health risks. Sound principles of good nutrition that apply for the general population apply for exercisers and athletes as well.

The YMCA of the USA Medical Advisory Committee agrees with the joint position statement of the American College of Sports Medicine, the American Dietetic Association, and the Dietitians of Canada on “Nutrition and Athletic Performance” (2009). It is recommended that YMCAs use the statement as an educational tool with members and program participants.

For a copy of “Nutrition and Athletic Performance” (2009), visit the ACSM website at www.acsm.org and look under “Position Stands.”

Reference

For related information, see the following Medical Advisory Committee Recommendations:

“Dietary Guidelines for All Americans”
“Physical Activity Guidelines for Adults and Youth”
“Guidelines for Adult Weight-Loss Programs”
“Preventing and Decreasing Overweight and Obesity”
“Vitamin and Mineral Supplementation”

April 2000
Revised April 2003
Reaffirmed November 2007
Reaffirmed May 2010
PERSONAL TRAINERS IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA members are continually seeking programs and services that provide accurate exercise and health information and quality instruction and support from caring, well-trained staff. The use of personal trainers is a common practice at YMCAs by many members to satisfy a need for individualized exercise instruction, coaching, and motivational support. A personal trainer typically develops exercise programs and provides direct supervision of exercise routines for members.

Many YMCAs utilize personal trainers to assist members with their exercise programs on a one-to-one basis. Additionally, some YMCAs engage physical therapists and other certified and credentialed wellness personnel to provide services to members. Frequently, however, personal trainers, physical therapists, and other wellness service providers (nutritionists, life coaches, etc.) who are not employed by a YMCA attempt to use YMCA facilities for providing services to their own clients (YMCA members or non-members). These unauthorized trainers and individuals may be present without the permission or even the knowledge of YMCA staff. The practice of having unauthorized personal trainers and other service providers should not be allowed at YMCAs because it poses liability and tax status risk to the local YMCA.

The YMCA has always advocated individual, personal attention for members. Programs and services must always be provided in a caring environment by staff who are appropriately credentialed (YMCA of the USA Foundations of Strength and Conditioning, etc.) and who provide support, education, and encouragement for all members.

The YMCA of the USA Medical Advisory Committee recommends the following:

1. Only appropriately credentialed staff members employed by the YMCA should provide personal training and other wellness services within YMCA programs and facilities. It is recommended that these staff be trained to carry out their duties safely and responsibly, certified as YMCA of the USA Strength and Conditioning Instructors (or similarly credentialed in their field), conversant with YMCA organizational history and philosophy, and committed to carrying out YMCA goals through high-quality programs and services.

2. YMCA staff should be trained to provide appropriate personal attention to all members in every YMCA program. In health and well-being programs, personalized services should ideally include an opportunity for a health assessment; recommendations on safe and effective physical activity; and education related to a variety of health and wellness
issues such as nutrition, stress management, safety, relationships, and weight management.

In conclusion, YMCAs are encouraged to incorporate personal attention and high-quality individual support and service in all YMCA programs and activities.

May 1990
Reaffirmed November 1996
Revised April 2001
Revised April 2005
Revised June 2009
PHYSICAL ACTIVITY GUIDELINES FOR ADULTS AND YOUTH

From the YMCA of the USA Medical Advisory Committee:

The U.S. Department of Health & Human Services (HHS) published the 2008 Physical Activity Guidelines for Americans to provide information and guidance on the types and amounts of physical activity that provide substantial health benefits for Americans age 6 years and older. The medical and scientific evidence overwhelmingly supports a strong linkage between physical activity and long-term health benefits. Providing quality exercise programs and opportunities for physical activity is consistent with and inherent to the mission of the YMCA and the goal of its Activate America Initiative, which is to provide better opportunities for people of all ages in their pursuit of health and well-being in spirit, mind, and body.

These first-ever federal guidelines are needed because the current physical inactivity of Americans puts them at unnecessary risk. The latest information shows that inactivity among American children, adolescents, and adults remains relatively high, and little progress has been made in increasing their levels of physical activity. For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks. People without diagnosed chronic conditions (such as diabetes, heart disease, or osteoarthritis) and who do not have symptoms (e.g., chest pain or pressure, dizziness, or joint pain) do not need to consult with a health care provider before starting physical activity. Following is a summary of the key guidelines contained in the document for different groups.

CHILDREN AND ADOLESCENTS (AGE 6–17)

- Children and adolescents should do one hour or more of physical activity every day.
- Most of the one hour or more a day should be either moderate- or vigorous-intensity aerobic physical activity.
- As part of their daily physical activity, children and adolescents should do vigorous-intensity activity on at least three days per week. They also should do muscle-strengthening and bone-strengthening activity on at least three days per week.

ADULTS (AGE 18–64)

- Adults should do two hours and 30 minutes a week of moderate-intensity aerobic physical activity, or one hour and 15 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity...
aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

- Additional health benefits are provided by increasing to five hours a week of moderate-intensity aerobic physical activity, or two hours and 30 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of both.
- Adults should also do muscle-strengthening activities that involve all major muscle groups performed on two or more days per week.
- The HHS guidelines are supported by the American College of Sports Medicine (ACSM) and the American Heart Association (AHA). These organizations, which jointly published physical activity recommendations in 2007, have stated that the guidelines effectively support each other and are all based on the most relevant science that links physical activity to improved health and wellness. ACSM/AHA guidelines focus on 30 minutes per day of moderate-intensity physical activity five days a week. The HHS guidelines call for a minimum of 150 minutes of moderate physical activity a week, an amount most reasonable on five days a week at a duration of 30 minutes.

**OLDER ADULTS (AGE 65 AND OLDER)**
Older adults should follow the guidelines for adults. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

**ADULTS WITH DISABILITIES**
Adults with disabilities should follow the guidelines for adults. If this is not possible, they should be as physically active as their abilities allow. They should avoid inactivity.

**CHILDREN AND ADOLESCENTS WITH DISABILITIES**
Work with the child’s health care provider to identify the types and amounts of physical activity appropriate for them. When possible, these children should meet the guidelines for children and adolescents—or as much activity as their conditions allow. Children and adolescents with disabilities should avoid being inactive.

**PREGNANT AND POSTPARTUM WOMEN**
Healthy women who are not already doing vigorous-intensity physical activity should do at least two hours and 30 minutes of moderate-intensity aerobic activity a week. Preferably, this activity should be spread throughout the week. Women who regularly engage in vigorous-intensity aerobic activity or high amounts of activity can continue their activity if their condition remains unchanged and they talk to their health care provider about their activity level throughout their pregnancy.

**OVERWEIGHT OR OBESE INDIVIDUALS**
People who want to lose a substantial amount of weight need a high amount of physical activity unless they also reduce their caloric intake. Many people need to do more than 300 minutes of moderate-intensity activity a week to meet weight-control goals. Many individuals seeking to avoid gaining weight after weight loss require 60 to 90 minutes of moderate to vigorous physical activity.
SUMMARY OF GUIDELINES TO PROMOTE HEALTH AND FITNESS

The HHS guidelines are supported by the American College of Sports Medicine (ACSM) and the American Heart Association (AHA). These organizations, which jointly published physical activity recommendations in 2007, have stated that the guidelines effectively support each other and are all based on the most relevant science that links physical activity to improved health and wellness. ACSM/AHA guidelines focus on 30 minutes per day of moderate-intensity physical activity five days a week. The HHS guidelines call for a minimum of 150 minutes of moderate physical activity a week, an amount most reasonable on five days a week at a duration of 30 minutes.

In both the ACSM/AHA guidelines and those of HHS, the latest science was evaluated to understand the physiological mechanisms by which physical activity provides health benefits and the physical activity profile (type, intensity, amount) that is associated with enhanced health and quality of life. Differences on “minutes per day” or “days per week” recommendations appear because they are intended for different groups and may be age-specific or relevant to overweight or obese individuals. The new HHS guidelines acknowledge that existing scientific evidence does not allow researchers to say whether the health benefits of 30 minutes per day on five days a week are any different than the health benefits of 50 minutes per day on three days a week. As a result, the new guidelines allow a person to accumulate two hours and 30 minutes a week in various ways.

In order to conduct safe and effective exercise programs, the YMCA of the USA Medical Advisory Committee recommends that YMCAs follow guidelines published by the ACSM in their 2011 position stand entitled: “Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise,” available at http://journals.lww.com/acsm-msse/Fulltext/2011/07000/Quantity_and_Quality_of_Exercise_for_Developing.26.aspx.

This recommendation basically states that cardiorespiratory training should be done three to five times a week for 20 to 60 minutes in duration, using major muscle groups and at an intensity of 55/65 to 90 percent of maximum heart rate. In addition, this document includes recommendations for strength training and flexibility training programs.

All of these physical activity recommendations are consistent with each other; one does not exclude the other. While the 1998 statement of ACSM outlines the fitness guidelines for active exercise participants, the newer statements of both HHS and ACSM/AHA promote the health benefits of activity to those Americans who are not currently physically active on a regular basis. These statements together represent a continuum that states moderate activity is desirable for all, and a good starting point, and even greater health and fitness benefits can be realized by increasing the frequency, intensity, and duration of physical activity.

The YMCA of the USA Medical Advisory Committee strongly supports the new Physical Activity Guidelines for Americans and urges all YMCAs to encourage physical activity as a health-promoting measure, become familiar with the published guidelines, and incorporate them into YMCA programs, activities, and communications. Further, YMCAs should encourage members to check with health and well-being staff for assistance in planning...
appropriate physical activity programs. The Medical Advisory Committee also notes that YMCA of the USA has adopted (in November 2011) standards for operationalizing physical activity guidelines in early childhood and afterschool programs. The Committee recommends that program staff consult the standards at https://yexchange.org/HealthInnovation/Pages/Healthy-Eating-and-Physical-Activity-Standards-for-Early-Childcare-and-Afterschool-Programs.aspx.

REFERENCES


PHYSICAL ACTIVITY GUIDELINES FOR CHILDREN (BIRTH TO FIVE YEARS)

Statement of the YMCA of the USA Medical Advisory Committee

Promoting a physically active lifestyle for infants and young children increases the likelihood that they will learn to move skillfully and develop an enjoyment of movement and motor skill confidence. It also helps to ensure healthy development and later participation in physical activity. Confining babies and young children to strollers, playpens, and car and infant seats for hours at a time may delay physical development and can lead to sedentary preferences and childhood obesity.

In an effort to promote positive activity behaviors early in childhood that may encourage these behaviors into adulthood, and to help alleviate the problem of obesity in America, the National Association for Sport and Physical Education (NASPE) has developed physical activity guidelines for children from birth to age 5 (2009). These guidelines (reprinted below) address the recommended types and amounts of physical activity, the environment, and the individuals responsible for facilitating the activity.

GUIDELINES FOR INFANTS
1. Infants should interact with caregivers in daily physical activities that are dedicated to exploring movement and the environment.
2. Caregivers should place infants in settings that encourage and stimulate movement experiences and active play for short periods of time several times a day.
3. Infants’ physical activity should promote skill development in movement.
4. Infants should be placed in an environment that meets or exceeds recommended safety standards for performing large-muscle activities.
5. Those in charge of infants’ well-being are responsible for understanding the importance of physical activity and should promote movement skills by providing opportunities for structured and unstructured physical activity.

GUIDELINES FOR TODDLERS
1. Toddlers should engage in a total of at least 30 minutes of structured physical activity each day.
2. Toddlers should engage in at least 60 minutes—and up to several hours—per day of unstructured physical activity and should not be sedentary for more than 60 minutes at a time, except when sleeping.
3. Toddlers should be given ample opportunities to develop movement skills that will serve as the building blocks for future motor skillfulness and physical activity.
4. Toddlers should have access to indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.
5. Those in charge of toddlers’ well-being are responsible for understanding the importance of physical activity and promoting movement skills by providing opportunities for structured and unstructured physical activity and movement experiences.

GUIDELINES FOR PRESCHOOLERS

1. Preschoolers should accumulate at least 60 minutes of structured physical activity each day.
2. Preschoolers should engage in at least 60 minutes—and up to several hours—of unstructured physical activity each day, and should not be sedentary for more than 60 minutes at a time, except when sleeping.
3. Preschoolers should be encouraged to develop competence in fundamental motor skills that will serve as the building blocks for future motor skillfulness and physical activity.
4. Preschoolers should have access to indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.
5. Caregivers and parents in charge of preschoolers’ health and well-being are responsible for understanding the importance of physical activity and for promoting movement skills by providing opportunities for structured and unstructured physical activity.

Reprinted from Active Start: A Statement of Physical Activity Guidelines for Children from Birth to Five Years, 2nd Edition, (2009) with permission from the National Association for Sport and Physical Education (NASPE), 1900 Association Drive, Reston, VA 20191.

Recognizing that obesity, cardiometabolic disease, and poor bone health are major health problems in children and adolescents, the YMCA of the USA Medical Advisory Committee endorses these guidelines and strongly recommends that YMCAs include age-appropriate physical activity in all youth programs.

In 2011, YMCA of the USA issued “The Y's Healthy Eating and Physical Activity Standards for Early Childhood and Afterschool Programs,” which is available at https://yexchange.org/HealthInnovation/Pages/Healthy-Eating-and-Physical-Activity-Standards-for-Early-Childcare-and-Afterschool-Programs.aspx. The YMCA of the USA Medical Advisory Committee endorses these guidelines and strongly recommends Ys include this in programs.

For more information, visit the National Association for Sport and Physical Education at www.aahperd.org/naspe and see the Physical Activity Guidelines for Children Birth to Age 5, which are available there.

The National Association for the Education of Young Children (NAEYC) has established criteria for infant, toddler, and preschool environments. Visit www.naeyc.org for more information.
REFERENCE

April 2002
Revised April 2006
Updated May 2010
Updated February 2012
PROMOTING PHYSICAL ACTIVITY AMONG YOUNG PEOPLE

Statement of the YMCA of the USA Medical Advisory Committee

Medical and scientific evidence overwhelmingly supports a strong linkage between physical activity and long-term health benefits. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming overweight and developing related diseases, and these habits are behaviors that YMCAs can impact through program and policy.

Children can build healthy bodies and establish healthy lifestyles by including physical activity in their daily lives. Positive exercise habits formed in childhood frequently carry over into adulthood and may help reduce rates of death, illness, and disability from chronic disease.

In 2011, the U.S. Centers for Disease Control and Prevention (CDC) published evidence-based physical activity recommendations for school-age youth in School Health Guidelines to Promote Healthy Eating and Physical Activity (http://www.cdc.gov/healthyyouth/npao/strategies.htm). The recommendations provide parents, caregivers, teachers, school administrators, health officials, YMCA professionals, and community leaders with steps they can take to develop and promote safe and effective physical activity programs for young people. The guidelines were informed by the Dietary Guidelines for Americans, the Physical Activity Guidelines for Americans, and the Healthy People 2020 objectives related to healthy eating and physical activity among children and adolescents and to schools. Based on a systematic literature review, the guidelines state that school-age youth should participate in 60 minutes or more of moderate to vigorous physical activity every day through a variety of enjoyable and developmentally appropriate activities. These recommendations reflect currently available scientific evidence and are in general agreement with recommendations promoted by governmental agencies and professional organizations.

The Y has been a major advocate for children’s health and physical activity as well as a provider of programs and facilities for over 125 years. The CDC physical activity recommendations are therefore consistent with the Y’s cause and mission. The YMCA of the USA Medical Advisory Committee strongly endorses these recommendations and believes that YMCAs have a unique potential to help young people become active and develop healthy, active habits for a lifetime. These recommendations present an opportunity for YMCAs to have an impact on the health of the youth in their communities.
In 2011, YMCA of the USA announced the Y’s commitment to the adoption of new standards for nutrition and physical activity in Y programs: “The Y’s Healthy Eating and Physical Activity Standards for Early Childhood and Afterschool Programs.” To underscore the importance of this issue, the national Medical Advisory Committee has urged YMCA of the USA to direct all YMCAs in the U.S. to the new recommendations as a tool and reference in developing youth programs and adds the following specific recommendations:

1. Review and use the information from the recommendations as a cornerstone for education and training in the YMCA and an impetus to promote physical activity for youth.
2. Offer a diverse range of noncompetitive and competitive activities appropriate for different ages and abilities.
3. Identify ways to help promote the message of these recommendations through collaboration with physicians, health care providers, other health and human service organizations, educational facilities, and appropriate media outlets in their communities.
4. Proactively develop ways to implement physical activity in all YMCA youth programs.

To access the healthy eating and physical activity standards and for more information, visit https://yexchange.org/HealthInnovation/Pages/Healthy-Eating-and-Physical-Activity-Standards-for-Early-Childcare-and-Afterschool-Programs.aspx.

REFERENCES


PRENATAL AND POSTPARTUM EXERCISE

Statement of the YMCA of the USA Medical Advisory Committee

The YMCA of the USA Medical Advisory Committee recommends that YMCAs providing exercise programs and services for pregnant women and new mothers become familiar with the information provided on this topic by the American College of Obstetricians and Gynecologists (ACOG).

Further, the Committee recommends that a written physician’s approval be required to participate in prenatal exercise programs. Postpartum, the mother should be required to obtain another physician’s release prior to resuming participation in exercise programs or activities.

YMCA of the USA recommends that YMCAs provide ACOG information about exercise and pregnancy to their members. In appropriate printed materials, advise pregnant women to consult their physicians prior to starting or continuing in an exercise program. Educate health and well-being staff about ACOG’s guidance and make sure they are able to discuss it with members.

For more information and a copy of ACOG’s pamphlet *Exercise During Pregnancy*, visit [www.acog.org](http://www.acog.org).

**REFERENCE**


February 1992
Revised May 1995
Reaffirmed April 2000
Revised October 2002
Revised November 2007
Revised March 2008
Reaffirmed May 2010
PREPARTICIPATION SCREENING FOR YMCA YOUTH SPORTS PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

YMCAstrive to provide a safe experience for all youth participating in YMCA sports programs. While staff and other program leaders are responsible for the health and safety of the child primarily during training and competition, it is equally important for parents to determine that their children have no medical conditions that would preclude their participation in YMCA sports or result in further injury or harm.

The YMCA of the USA Medical Advisory Committee recommends that YMCAs ask parents of youth participating in YMCA sports programs to have their children screened by a physician or other qualified health care professional for the purposes of (1) determining the general health of the child; (2) detecting medical or musculoskeletal conditions that may predispose a child to injury or illness during play or competition; and (3) detecting potentially life-threatening or disabling conditions that may limit a child’s participation.

The YMCA of the USA Medical Advisory Committee recommends that each youth sports program use a registration form that requires a parent or guardian’s signature confirming that the child has been properly screened to determine that there are no medical conditions or injuries that preclude the child’s participation in that sport.

REFERENCES


April 1997
Reaffirmed April 2002
Revised April 2005
Revised November 2009
USE OF SAUNAS, STEAM ROOMS, AND WHIRLPOOL/HOT TUBS IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Saunas, steam rooms, and whirlpools/hot tubs can be pleasant and relaxing experiences for YMCA members. However, severe injuries and fatal accidents can, and have, occurred in these facilities. Therefore, the YMCA of the USA Medical Advisory Committee makes the following recommendations regarding their safe use:

TEMPERATURE AND HUMIDITY LEVELS

A YMCA should ensure that its sauna, steam, and whirlpool/hot tub areas are kept at safe thermal levels and monitored on a regular basis. Subject to state or local laws, the following temperatures and humidity levels are recommended:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Temperature</th>
<th>Humidity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAUNA</strong></td>
<td>160–170°F</td>
<td>5% relative</td>
</tr>
<tr>
<td><strong>STEAM ROOM</strong></td>
<td>100–110°F</td>
<td>100% relative</td>
</tr>
<tr>
<td><strong>WHIRLPOOL/HOT TUB</strong></td>
<td>102–105°F</td>
<td></td>
</tr>
</tbody>
</table>

SAFETY PRECAUTIONS

1. Members should limit time in these facilities to a maximum of 10 minutes.
2. Members should be informed that due to the high temperatures in each of these facilities and high humidity in the steam room and whirlpools/hot tubs, they can be exposed to an increased health risk.
3. Thermometers and time clocks should be visible to users of these areas to facilitate self-monitoring.
4. Temperature gauges should be locked and not accessible to members. Only trained YMCA staff should adjust temperature settings for these facilities.
5. Individuals at high risk (pregnant women; individuals taking prescription medicine; those with elevated blood pressure, circulatory deficiencies, diabetes, heart disease, emotional disorders, or history of seizures or epileptic seizures; individuals prone to dizziness or light-headed episodes; and those under the influence of alcohol or recreational drugs) should be advised not to use the sauna, steam, or whirlpool/hot tub unless authorized by a physician.
6. Members should wait at least five minutes after exercising to cool down, or until sweating has subsided, before using one of these facilities.

7. No food or drink is allowed in these facilities.

8. Shaving should not be allowed in these areas, due to the risk of blood-borne pathogens.

9. Members are asked to take a soap shower prior to entering these facilities.

10. Members should not use these facilities without supervision or another person physically present in the immediate area.

11. A facility should have emergency systems for its sauna, steam, and whirlpool/hot tub areas that will automatically shut off the equipment when unsafe conditions arise (e.g., a whirlpool/hot tub should have a system that shuts off the drains).

12. Controls to shut off the equipment in the event of an emergency should be easily accessible by users.

13. The water chemical level of the whirlpool/hot tub should be monitored on an hourly basis, and maintained within desirable levels, as regulated by state or local law.

14. Staff should be trained on a regular basis on the proper usage, monitoring, and emergency procedures for these areas.

15. Each whirlpool/hot tub should have two drains. It is recommended that a switch be installed so that the motor will be shut down if both drains become blocked or clogged. All whirlpools/hot tubs should be designed to prevent entrapment of users. All drains and drain covers must comply with the standards set forth in the federal Virginia Graeme Baker Pool and Spa Safety Act (effective December 2008), which requires drain covers to have the “VGB 2008” marking. (For more information, visit www.poolsafety.gov.) The Committee will monitor this proposed legislation and its impact on YMCAs in its implementation.

16. Whirlpool/hot tub jet controls should be on a timer that operates on a 10-minute cycle, with a control button located in a place that requires a person to get out of the spa to begin the next cycle.

17. The following rules should be posted on readily visible signs in the whirlpool/hot tub area:
   a. Diving or jumping into the whirlpool/hot tub is prohibited.
   b. Use of body lotions, oils, or suntan preparations is prohibited.
   c. Exercise is not allowed in the whirlpool/hot tub.
   d. Users should not submerge to the bottom of the whirlpool/hot tub, as hair can become entangled in the drain.
   e. Individuals at high risk (as detailed above) should not use a steam room, sauna, or whirlpool/hot tub unless authorized by a physician.

USE BY CHILDREN

- Children under 12 years of age should not be permitted to use a sauna, steam room, or whirlpool/hot tub because they are not yet physically capable of coping with the heat.
- Saunas, steam rooms, and whirlpools/hot tubs may be used by children 12 years of age and older only when supervised by a YMCA staff member or parent/guardian.
- Child resistant covers or fencing should protect a whirlpool/hot tub when it is not in use or supervised when children are present.
SIGNAGE

YMCAs should post appropriate signs at each of these areas that detail the rules and regulations for that area’s safe usage and include a statement that says that failure to follow these rules may result in serious injury or death. Following is sample language for a sign to be readily posted for members in the whirlpool/hot tub area:

1. Individuals at high risk with the following conditions should not use the whirlpool/hot tub unless authorized by a physician:
   a. High blood pressure
   b. Heart disease
   c. Respiratory problems
   d. Pregnancy
   e. Diabetes
   f. Emotional disorders
   g. Stress
   h. Epilepsy or seizure disorders
   i. Kidney disease
   j. Active skin infection

2. Cool down at least 5 minutes after exercise before entering the whirlpool/hot tub.
3. Shower before using the whirlpool/hot tub.
4. Do not use the whirlpool/hot tub alone.
5. Children are allowed to enter the whirlpool/hot tub only if they are 12 years of age or older.
6. Children over the age of 12 are allowed to use the whirlpool/hot tub only if they are accompanied by a YMCA staff member or parent/guardian.
7. Diving or jumping into the whirlpool/hot tub is prohibited.
8. Do not stay in the whirlpool/hot tub for longer than 10 minutes.
9. Do not use the whirlpool/hot tub if you are using alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, or tranquilizers.
10. Do not bring food or drinks into the whirlpool/hot tub.
11. Do not submerge to the bottom of the whirlpool/hot tub, as hair can become entangled in the drain.
12. The use of body lotions, oils, or suntan preparations is prohibited.
13. Do not wear street shoes in the whirlpool/hot tub area.
14. Aerobic exercise is not allowed in the whirlpool/hot tub.

Failure to follow these rules can result in serious or fatal injury.

REFERENCES


Kinetics.

May 1993
Revised November 1997
Revised October 1998
Revised April 2000
Revised April 2004
Revised November 2008
Revised February 2012
AGE GUIDELINES FOR PARTICIPATION IN SCUBA PROGRAMS AT YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

The YMCA of the USA Medical Advisory Committee recommends the following minimum age requirements for participating in scuba programs taught at YMCAs:

1. 12–14 years of age for Junior Diver Certification programs (requires parent/guardian supervision in classroom, pool sessions, and on check-out dive).
2. 15 years of age or older for Open Water Scuba Diver and/or other scuba certification programs

Although most scuba organizations adopt an age requirement of 15 years for the standard Open Water Diver certification, some also have Junior Diver programs for children under 15 years of age. These junior or “youth” programs often allow children as young as 8 years old to participate in scuba. In some cases, there is no minimum age standard for scuba activities in pools.

Because some scuba organizations (for example, the National Association of Underwater Instructors [NAUI], the Professional Association of Diving Instructors [PADI], and Scuba Schools International [SSI], presently utilize YMCA pools for their scuba training, YMCA directors and other staff should be aware of the recommended minimum age guidelines of this committee to be sure that their programs are in compliance.

It is unclear whether or not children under the age of 12 years are mentally and physically mature enough to participate safely in scuba training. Areas of concern include the intellectual, social, motor/physical, and language development of children under the age of 12. Development in these areas determines a child’s ability to deal with the complex concepts, judgments, and skills necessary for participating safely in scuba diving activities.

Therefore, it is the recommendation of the YMCA of the USA Medical Advisory Committee that the following minimum age standards for participating in scuba programs be applied at YMCA facilities until further evidence is available.

3. Children under the age of 12 shall not participate in scuba programming.
4. Participants must be 12–14 years of age to qualify for Junior Diver certification.
a. Junior Diver students must be 12 years of age before the beginning of training.

b. Junior Diver students must have a parent or guardian present during all training sessions.
   For special circumstances, such as attendance at a camp, a YMCA may issue a waiver to allow students to participate without the presence of a parent or guardian.

c. Junior Divers are certified based on maturity and competency, to be determined by the certifying instructor.

d. Junior Divers are limited to diving to 60 feet or less.

e. Junior Divers shall not participate in any diving activity that requires decompression.

f. Junior Divers can dive only in an environment that allows direct unrestricted access to the surface.

g. Junior Divers must be accompanied by an adult of equal or greater certification on all scuba dives.

h. Upon reaching age 15, Junior Divers may upgrade their certifications.

October 2000
Revised April 2005
Revised November 2009
SAFETY GUIDELINES FOR THE USE OF SKATEBOARDS, IN-LINE SKATES, ROLLER SKATES, AND SCOOTERS

Statement of the YMCA of the USA Medical Advisory Committee

Skateboarding, in-line skating, roller skating, and scooter riding are popular activities, particularly among young people, but they involve hazards and risk of injury. From 2001 to 2005, skateboard-related injuries account for an estimated 109,000 emergency department visits and 3,200 hospitalizations among children and adolescents in the United States each year. Nonpowered scooter-related injuries accounted for an estimated 67,000 emergency department visits, and 52,000 of these patients were between ages 5 and 18. Additionally, more than 100,000 in-line and roller skating injuries were reported (CDC 2007).

Many such injuries can be avoided if children and youth do not ride in traffic, if proper protective gear is worn, and if, in the absence of close adult supervision, scooters are not used by children younger than age 8 and skateboards are not used by children younger than age 10. YMCAs can help prevent injuries through programs that teach safety and caution in the use of these types of small-wheeled devices. The information below is intended as a resource for community-wide injury prevention.

The Medical Advisory Committee offers the following guidelines, which are generally consistent with the 2008 recommendations of the American Academy of Pediatrics (AAP) on the use of bicycles, skateboards, in-line skates, and scooters:

- Unless supervised by adults, children under age 10 should not use skateboards, and those under 8 should not use scooters. Children under age 5 should not use skateboards, scooters, or any other small-wheeled device. Their center of gravity is higher, their neuromuscular system is not well developed, and their judgment is poor. In addition, they are not sufficiently able to protect themselves from injury. For this age group, encourage more developmentally appropriate activities.
- Never use these devices near traffic or on streets and highways. Activities that bring these devices and motor vehicles together (e.g., skateboard riders holding on to the back of a moving car, sometimes referred to as “catching a ride”) are especially dangerous.
- Communities should be encouraged to develop safe skateboarding and skating areas away from pedestrian and motor vehicle traffic. Small-wheeled devices should be ridden on smooth, paved surfaces and not on streets or any surfaces with water, sand, gravel, or dirt.
• To reduce or prevent injuries, users of small-wheeled devices should wear wrist guards, elbow and knee pads, and helmets that meet the standards of the U.S. Consumer Product Safety Commission. Users can also obtain a multisport helmet that complies with the N-94 standard established by the Snell Memorial Foundation (www.smf.org).
• Small-wheeled devices should not be used at night unless in a well-lit, supervised area such as a community skate park.

Adapted from the American Academy of Pediatrics’ Policy Statement “Skateboard and Scooter Injuries.”

REFERENCES


May 1990
Revised November 1996
Revised April 2001
Revised April 2002
Revised May 2007
Revised March 2008
Updated May 2010
SMOKING AND USE OF TOBACCO PRODUCTS IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

YMCA of the USA supports the health promotion goals and objectives of the federal government outlined in the publication Healthy People 2010 (Healthy People 2000). One of the specific objectives of that document is to decrease the number of children who begin to use tobacco.

Analysis of 37 published studies involving 4,600 patients found a 24-percent excess risk of lung cancer for those living with a smoker (Hackshaw 1997).

Until recently, the evidence linking cigarette smoking to lung cancer has been primarily indirect. However, a direct link between tobacco and lung cancer was established based upon the finding of a specific metabolite, benzo(a)pyrene, a chemical of tobacco smoke (Denissenko 1996).

The YMCA is an organization interested in healthy children and healthy families. For the optimal health of all members and participants, especially youth, YMCAs are strongly encouraged to take necessary steps to ensure that all facilities and programs operate in a smoke-free environment.

The Medical Advisory Committee of YMCA of the USA recommends that local YMCAs voluntarily establish policies that will support the goals of decreasing the likelihood that children will begin using tobacco products. Those policies should include the following:

- Members, program participants, and guests should refrain from the use of all tobacco products in offices, public use areas, and at any YMCA sponsored program (including camps), activity, or event, especially those that include youth and teens.
- When registering children for YMCA youth sports activities, parents and adult caregivers should be asked to agree that they will refrain from the use of all tobacco products at all games, practices, and other related events.
- When parents and other adults are involved in youth programs as spectators, leaders, coaches, officials, drivers, or in other volunteer capacities, they should refrain from the use of all tobacco products in the presence of youth participants.
- Any person hired by the YMCA will, as a condition of employment, be expected to refrain from using all tobacco products while on the job.
• Implementation of education and awareness programs that discuss the health risks associated with smoking (including secondhand smoke) and the use of tobacco products, especially for youth and teens.
• Offer proven and recognized smoking cessation programs that meet national standards, such as those conducted by the American Heart Association, www.americanheart.org; American Cancer Society, www.cancer.org; American Lung Association, www.lungusa.org; and the Seventh Day Adventists (The Breathe-Free Plan to Stop Smoking), www.adventist.org.
• Additional website references: www.cdc.gov/tobacco/quit_smoking/cessation/index.htm

REFERENCES


April 1996
Revised October 2000
Revised November 2004
Revised June 2009
EXPOSURE TO SUNLIGHT IN YMCA PROGRAMS FOR CHILDREN AND ADULTS

Statement of the YMCA of the USA Medical Advisory Committee

Skin cancer is the most common form of cancer in the United States, and exposure to the sun’s ultraviolet (UV) rays appears to be the most important environmental factor involved in the development of skin cancer. Protection from UV exposure during childhood and adolescence reduces the risk for skin cancer in adults. The Centers for Disease Control and Prevention (CDC) has issued guidelines for schools and community organizations to teach children at an early age how to protect themselves and help decrease their risk of developing skin cancer as adults.

According to the American Academy of Dermatology (AAD), severe sunburns may be related to the development many years later of the most dangerous kind of skin cancer, called melanoma. Sun protection should begin in infancy and continue throughout life. It is estimated that children get about 80 percent of their total lifetime sun exposure in the first 18 years of life. Therefore, sun protection in childhood is very important to prevent skin cancer later in life. Overexposure to the sun’s rays may also cause cumulative, invisible damage to epidermal and dermal skin cells through the years. In addition, too much sun exposure can damage the lens of the eye, and may damage the immune system.

The Medical Advisory Committee endorses the CDC’s guidelines for preventing skin cancer among young people and the sun protection guidelines of the AAD. The Committee urges YMCAs to educate staff, members, and program participants on the risks associated with overexposure to sunlight and the proper precautions to take. In particular, staff supervising children should follow the recommended guidelines and take proper steps to limit children’s exposure to sunlight in all outdoor programs and activities, such as aquatics, child care, youth sports, and camping. Following is a summary of the CDC’s sun protection options:

SEEK SHADE. Because the sun’s UV rays are strongest and do the most damage during midday, outdoor activities should be avoided at this time. If this is not possible, then staying in the shade of a tree, beach umbrella, or tent is a practical way to protect the skin.

COVER UP. A shirt, beach cover-up, and pants are all good choices. However, a typical shirt actually has a sun protection factor (SPF) rating substantially lower than the recommended SPF 15, so it is wise to double up on protection by using sunscreen with at least sun protection factor (SPF) 15 rating and staying in the shade when possible.
GET A HAT. The head and neck are common sites for skin cancers to occur, so a wide-brimmed hat should be worn to shade the face, ears, scalp, and neck from the sun’s UV rays. A hat with a four-inch brim provides the most protection. If a baseball cap is worn, sunscreen with an SPF of at least 15 should also be used to protect the ears and neck.

GRAB SHADES. Sunglasses protect the tender skin around the eyes and reduce the risk of developing cataracts. Look for sunglasses that block as close to 100 percent as possible of both UVA and UVB rays. Wraparound lenses are ideal because they keep UV rays from hitting the sides of the eyes.

RUB IT ON. Sunscreen with an SPF 15 or higher rating and both UVA and UVB protection should be used whenever a person spends time outdoors. To be effective, sunscreen must be generously applied 30 minutes before going outdoors and reapplied after swimming or sweating.

The YMCA of the USA Medical Advisory Committee recommends that YMCAs institute sun protection procedures for all-day youth programs, such as summer day camp, that take into account the need to occasionally reapply sunscreen to program participants. Following are recommended procedures:

1. Parents or legal guardians are responsible for applying sunscreen prior to the child arriving at the YMCA program site.
2. Parents or legal guardians are responsible for providing sunscreen and/or sun protection spray for their child. A sunscreen with an SPF of at least 15 is recommended. Each child must have his or her own spray sunscreen that is labeled.
3. Teachers will only reapply sunscreen to children after 3:00 P.M. if they are going back outside to use a playground or park or to go on a walk.
4. For children who might be more susceptible to sunburn (have fair skin, freckles, or numerous moles; have blonde, red, or light brown hair; or have a family history of skin cancer), the Committee recommends that they wear a hat and SPF-enhanced clothing.
5. Parents will sign an Authorization for Sunscreen Form to give YMCA staff permission to apply sunscreen to their child.
6. Parents understand that sunscreen may be applied to exposed skin including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

YMCAs are also urged to adopt policies to educate and protect staff whose jobs require them to regularly be exposed to natural sunlight.

REFERENCE


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Revised April 2004
Revised November 2008
Revised February 2011
USE OF EMERGENCY OXYGEN IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Research studies have shown that the use of emergency oxygen can aid in the care of accident victims. Life-threatening medical emergencies are usually accompanied by low tissue oxygen levels (not enough oxygen to tissue and organs). If this progresses, the brain will begin to die first, with other organs following. Additionally, low oxygen levels to the heart may lead to cardiac arrest. After opening the airway, administering emergency oxygen is the most important step in treatment.

The availability and use of emergency oxygen for the treatment of accident and illness victims is recommended for YMCAs provided that:

- Staff is trained and maintains a current emergency oxygen administration certification from a national organization such as the American Safety and Health Institute or the American Red Cross. The course should include information on the following:
  - Oxygen treatment for accident and illness victims
  - Legal issues related to oxygen labeling and use
  - Types of oxygen devices and delivery systems
  - Selection and use of oxygen equipment in the treatment of a breathing or nonbreathing emergency victim.
- Storage, service, and maintenance necessary to keep equipment in proper working order is in compliance with standards. Signage is in place to indicate the presence of compressed gas cylinders and is in compliance with all regulations.
- Regular inspection of the equipment is conducted according to national standards.

The YMCA Lifeguard program requires lifeguards to have a current emergency oxygen administration certification.

Emergency oxygen does not require a doctor’s prescription. The Food and Drug Administration (FDA), the regulating government agency for medical oxygen, requires a prescription for medical oxygen, but exempted this requirement for emergency applications in 1972. Since 1996, the FDA has required all medical oxygen sold in the United States to bear the following statement on the label:
"For emergency use only when administered by properly trained personnel for oxygen deficiency and resuscitation. For all other medical applications, Rx Only.”

In order to be considered as an over-the-counter (OTC) device (i.e., nonprescription), the oxygen delivery system must provide a minimum flow rate of 6 liters per minute for a minimum of 15 minutes.

All procedures related to the storage and use of emergency oxygen should be reviewed regularly and approved by the local YMCA medical advisory committee. See the frequently asked questions (FAQs) for emergency oxygen on Exchange at https://yexchange.org/LifeguardTraining/Resources/Oxygen-FAQs.docx.

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USE OF SUNTANNING UNITS BY YMCA

Statement of the YMCA of the USA Medical Advisory Committee

There are no known medical benefits and there are proven short-term and long-term hazards associated with the use of commercially available high-intensity ultraviolet A (UVA) suntanning units. At this time, UVB units are used only for the treatment of specific diseases under strict medical supervision.

The FDA estimates that 30 million people in the United States acquire a tan in tanning salons each year, and 2.3 million of those are teens.

Exposure to ultraviolet light causes an increased risk for skin cancer; skin aging and wrinkling; rosacea; eye injury (cataracts, conjunctivitis, corneal infections, and retinal damage); and dysfunctional immune systems.

The World Health Organization is seeking to ban teens from indoor tanning. Furthermore, the American Medical Association has approved policy changes that call for federal legislation to prohibit the use of indoor tanning by all individuals under age 18.

Indoor tanning and excessive outdoor sun exposure cause 95 percent of the skin cancer cases each year.

Advocates of tanning salons claim that tanning is needed to obtain sufficient quantities of vitamin D, but these claims are misleading because vitamin D absorption takes place under extremely low levels of UV light.

Both UVA and UVB rays are harmful and UVA has been linked to malignant melanoma.

Getting a “base tan” from indoor tanning to protect against future sun burn has very limited scientific basis.

The Photobiology Task Force of the American Academy of Dermatology has strongly discouraged the use of such suntanning units. Because of these serious concerns, the Medical Advisory Committee of YMCA of the USA agrees with the Photobiology Task Force of the American Academy of Dermatology and recommends that the use of high-intensity light sources emitting UVA or UVB for cosmetic tanning should be eliminated by all YMCA.
Visit the American Academy of Dermatology’s public website at www.aad.org for more information on the risks and benefits from high-intensity ultraviolet A sources used for cosmetic purposes.

- Indoor Tanning Information: www.aad.org/gov/affairs/tanning.html
- Sun Safety Program Database: www.aad.org/forms/SunSafetyDatabase/default.aspx

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USE OF TRAMPOLINES IN YMCAS

Statement of the YMCA of the USA Medical Advisory Committee

Trampolines, especially backyard trampolines, are responsible for a large number of injuries in the United States. Use of trampolines has also resulted in death. The continued large number of trampoline-related injuries to children and adults is evidence that current prevention strategies are inadequate. The American Academy of Pediatrics recommends that trampolines not be used at home, inside or outside, and that trampolines not be part of routine physical education classes in schools or used in outdoor playgrounds. The YMCA of the USA Medical Advisory Committee strongly recommends that YMCAs not use trampolines for recreational purposes, since there is a high risk of injury to participants using trampolines without proper supervision.

A number of sports programs and organizations employ the supervised use of trampolines as a training device for sports such as gymnastics and springboard diving. If trampolines are used today in YMCAs, they are usually used for this purpose. While usage of this nature is typically supervised and accompanied by spotting devices such as harnesses and safety belts, there is still a risk of injury. Some YMCAs have secured specific insurance coverage for the use of trampolines in these contexts.

YMCAs are encouraged to review with their committees, staff, attorneys, and insurance agents whether or not they wish to assume the risks of using trampolines even in controlled situations for sports training. Following this evaluation, if a YMCA plans to use trampolines in its programming, careful consideration should be given to the following:

- First check the YMCA’s insurance carriers to make sure that trampolines are properly covered by adequate liability insurance. Many insurance companies exclude trampolines from their policies because of the difficulty of defending trampoline cases in court.
- Attach warning labels to trampolines, and post rule charts nearby regarding the safe use of the equipment. Trampoline manufacturers can provide these labels and charts.
- Because of the high risk of injury, never use trampolines as recreational devices or toys. Only use trampolines under the supervision of a qualified, properly trained instructor. When this instructor is not available, put away and lock up trampolines in such a manner that they cannot be used.
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VITAMIN AND MINERAL SUPPLEMENTATION

Statement of the YMCA of the USA Medical Advisory Committee

There is an intense amount of interest in the United States on the role of foods and dietary supplements such as vitamins and minerals in promoting health. In the face of confusing and sometimes conflicting information, YMCAs are often called upon to provide sound nutrition information and referral sources to its members and program participants.

The Position of the American Dietetic Association (ADA) on “Food Fortification and Dietary Supplements” (2001) states that “The best nutritional strategy for promoting optimal health and reducing the risk of chronic disease is to wisely choose a wide variety of foods. Additional vitamins and minerals from fortified foods and/or supplements can help some people meet their nutritional needs as specified by science-based nutrition standards such as the Dietary Reference Intakes (DRI).” Further, it has been determined that the sound principles of good nutrition that apply for the general population, including obtaining adequate nutrients from a wide variety of foods, apply for exercisers and athletes as well. The YMCA of the USA Medical Advisory Committee agrees with this position statement, and recommends that YMCAs use the document as an educational tool with members and program participants.

In addition, the Committee agrees with the following statement of the American Academy of Pediatrics regarding vitamin-mineral supplementation for children: “Routine supplementation is not necessary for healthy growing children who consume a varied diet. Evaluation of the dietary intake should be included in any assessment of the need for supplementation.” Further, the ADA’s position statement “Dietary Guidance for Healthy Children Ages 2 to 11 Years” states that “average intake of most vitamins and minerals for children 2 to 11 years of age exceed 100 percent of the 1989 RDA” (Recommended Dietary Allowance).

For a copy of the ADA’s position statement, “Fortification and Dietary Supplements,” go to www.eatright.org/Public/NutritionInformation/92_7705.cfm. For a copy of the ADA’s position statement, “Dietary Guidance for Healthy Children Ages 2 to 11 Years,” go to www.eatright.org/Member/Files/dietary(1).pdf.

For related information, see the following Medical Advisory Committee Recommendations, “Dietary Guidelines for All Americans” and “Use of Alleged ‘Performance-Enhancing’ Supplements.”

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GUIDELINES FOR ADULT WEIGHT-LOSS PROGRAMS

Statement of the YMCA of the USA Medical Advisory Committee

Obesity is a significant health issue in the United States, and its prevalence among people of all ages is rapidly increasing. It is a major risk factor for cardiovascular and other chronic diseases.

There is strong evidence that maintaining a healthy weight and body composition are important to an individual’s health and well-being. Many people try to lose weight using methods that are not healthy or scientifically sound. Exercise and nutrition are integral parts of effective weight-control programs, and YMCAs provide holistic programs that incorporate both. Through programs and services, YMCAs can help members understand and put into practice healthy nutrition and weight-loss principles.

The American College of Sports Medicine (ACSM) has a published position standard titled “Appropriate Physical Activity Intervention Strategies for Weight Loss and Prevention of Weight Regain for Adults” (2009). The guidelines in YMCA Healthy Lifestyle Principles and other manuals are generally consistent with the information in the ACSM position standard.

Additionally, the YMCA of the USA Medical Advisory Committee supports the ACSM position that a lifetime commitment to proper eating habits and regular physical activity is key to maintaining proper weight and optimal body fat levels. While the YMCA of the USA Medical Advisory Board recognizes the important role of exercise staff in helping members develop physical activity programs that may help with weight loss or weight maintenance, it also believes that YMCAs have a responsibility to ensure that advice on caloric restriction and dietary modification is dispensed by professionals with adequate training in dietary assessment and counseling for weight loss, including but not limited to registered dieticians, particularly when members have coexisting conditions.

The ACSM position standard says:

Exercise professionals should be cautioned regarding the provision of dietary advice to overweight and obese adults. In particular, caution is advised when chronic disease risk factors or known chronic disease is present. Providing specific diet recommendations may be outside the scope of practice for the exercise professional.
The YMCA of the USA Medical Advisory Committee urges all YMCAs to review the ACSM position standard to become familiar with the guidelines and incorporate them into YMCA programs.


For related information, see the following Medical Advisory Committee Recommendations:

“Dietary Guidelines for All Americans”
“Preventing and Decreasing Overweight and Obesity”
“Use of Alleged ‘Performance-Enhancing’ Supplements”
“Vitamin and Mineral Supplementation”
“Physical Activity Guidelines for Adults and Youth”

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YOUTH STRENGTH TRAINING

Statement of the YMCA of the USA Medical Advisory Committee

The YMCA of the USA Medical Advisory Committee recommends that YMCAs encourage young people to embrace physical activity and regularly participate in programs that include a strength-training component. The Committee’s position is that a properly designed and supervised strength-training program is safe for young people and that an individual’s physical and cognitive development should determine his or her readiness to get involved in a strength-training program. Most young people are physically and cognitively ready by age 7.

The Committee concurs with the recommendations in “Strength Training by Children and Adolescents,” a policy statement of the American Academy of Pediatrics; “Participation in Strength and Conditioning Activities by Children,” a guideline of the National Strength and Conditioning Association; and the American Council on Exercise’s manual Youth Strength Training.

Specifically, the Medical Advisory Committee recommends the following:

- Do not engage those under age 7 in strength and conditioning activities that use free weights, exercise machines, or other devices designed for use by adults and adolescents. Do not allow anyone under age 7 to be in strength-training areas.
- Provide access to strength-training activities and facilities to young people between 7 and 14 years of age only with proper screening, adult supervision, and an orientation that includes proper education and training regarding use of the strength-training equipment and facility.
- Do not allow preadolescents and adolescents to engage in competitive weight lifting, power lifting, body building, and maximal lifts until they reach physical and skeletal maturity.
- Ensure that youth strength-training programs and facilities include education and activities that reflect the YMCA’s commitment to healthy lifestyles and lifelong well-being in spirit, mind, and body.
- Include both aerobic conditioning and strength-training activities in youth health and well-being programs to achieve general health benefits.
- Design the strength-training component of youth health and well-being programs to concentrate on the development of muscular endurance through the use of low resistance and high repetition exercises.

For related information, see the Medical Advisory Committee Recommendation, “Use of Anabolic Steroids and Anabolic Precursors for Nonmedical Purposes.”
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June 1989
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